IMPLEMENTATION OF THE OLDER AMERICANS ACT OF 1987: THE AGING NETWORK

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

MARCH 27, 1990

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CONTENTS

Members Opening Statements

Page
Chairman Thomas J. Downey 1
Louise M. Slaughter 4
James H. Bilbray 6
Olympia J. Snowe 8

Chronological List of Witnesses

Panel One:

Janet Otwell, Director, Illinois Department on Aging; and President, National Association of State Units on Aging 11
Margaret Williams, President, National Association of Area Agencies on Aging 22
Dr. Daniel Thursz, President, National Council on Aging, Inc 37

Panel Two:

Samuel J. Simmons, President, National Caucus and Center on Black Aged, Inc 77
David Affeldt, General Consultant, National Association for Hispanic Elderly, on Behalf of Carmela Lacayo, President, National Association for Hispanic Elderly 86
Curtis D. Cook, Executive Director, National Indian Council on Aging 103

Panel Three:

Toby Felcher, President, National Association of Nutrition and Aging Services Programs 125
Gail Martin, Assistant Administrative Director of the National Association of Meal Programs 137

Appendix

Additional material received for the record:

Gail Martin, Assistant Administrative Director of the National Associaiton of Meal Programs, letter and attachments 163
Leticia V. Espaldon, M.D., Director, Department of Public Health and Social Services, Government of Guam, letter; submitted for the hearing record by the Hon. Ben Blaz, a Delegate to Congress from the Territory of Guam 175

IMPLEMENTATION OF THE OLDER AMERICANS ACT OF 1987: THE AGING NETWORK

TUESDAY, MARCH 27, 1990

U.S. House of Representatives,
Select Committee on Aging,
Subcommittee on Human Services,
Washington, DC

The subcommittee met, pursuant to notice, at 9:38 a.m., in room 308, Cannon House Office Building, Honorable Thomas J. Downey (chairman of the subcommittee), presiding.

Members present: Representatives Downey, Clarke, Kennedy, Slaughter, Staggers, Pallone, DeFazio, and Saiki.

Also present: Representative Bilbray.

Staff present: John Olinger, Majority Staff Director; Moya D. Benoit, Majority Research Assistant; Natalie Cannon, Minority Staff Director; and Dari Minzner, Minority Research Assistant.

OPENING STATEMENT OF CHAIRMAN THOMAS J. DOWNEY

Mr. Downey. The subcommittee will come to order. As chairman of the Select Committee on Aging, Subcommittee on Human Services, I am happy to convene this hearing today on the implementation of the Older Americans Act of 1987. This hearing is one of a series of hearings being held by this subcommittee as we prepare for the authorization of the Older Americans Act.

Our first hearing was held on February 7 at which time we received testimony from Commissioner Joyce Berry of the Administration on Aging. Commissioner's Berry's testimony was extremely helpful to us in learning how the Administration on Aging has implemented the Older Americans Act Amendments of 1987, what plans have been made for its future implementation, and what areas need to be focused on for improvement so that all elderly in the greatest economic or social need are served.

As you know, the 102nd Congress will be called upon to reauthorize the Older Americans Act. Throughout the 101st Congress, it has been the subcommittee's intention to explore the various issues related to the reauthorization. After we complete our hearings at the subcommittee level, the arena will then switch to the House Committee on Education and Labor, which will have the responsibility to write the new bill.

It is imperative that the committee have a complete picture of the various facets involved in the implementations of the Older Americans Act. This hearing will give the subcommittee the chance to hear the views and concerns of various leaders in the aging community, and it will enable us to pass on to the members of the Education and Labor Committee those concerns. This hearing will also properly identify those issues that may be in need of special attention or merely a fine tuning.

The Older Americans Act programs have provided a great social service model for this Nation. Great strides have been made in the past 25 years, but clearly more needs to be done. As we celebrate its silver anniversary this year, it is appropriate that we draw attention on the act's progress and prepare for its equally successful future.

We have invited as witnesses representatives of several leading aging organizations with whom this subcommittee has worked closely over the years. Future hearings being planned by this subcommittee will concentrate on specific titles and programs, and the expertise of many here today may be called upon again.

I believe that the Older Americans Act has mostly been a success because of the partnership that has developed among all levels of government and private organizations. It is my hope that this spirit of cooperation will enable us to have an effective dialogue this morning.

[The prepared statement of Mr. Downey follows:]

STATEMENT OF THE HONORABLE THOMAS J. DOWNEY

Chairman, Subcommittee on Human Services

HEARING ON

THE IMPLEMENTATION OF THE OLDER AMERICANS ACT AMENDMENTS OF 1987: THE AGING NETWORK

March 27, 1990

As the Chairman of the Select Committee on Aging's Subcommittee on Human Services, I am happy to convene this hearing today on the implementation of the Older Americans Act Amendments of 1987. This hearing is one in a continuing series of hearings being held by this Subcommittee as we prepare for the reauthorization of the Older Americans Act.

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Mr. DOWNEY. Mrs. Slaughter?

OPENING STATEMENT OF REPRESENTATIVE LOUISE M. SLAUGHTER

Mrs. SLAUGHTER. Mr. Chairman, it is a pleasure to take part in this morning's hearing. I commend you for the leadership you have taken in calling a series of hearings to study comprehensively the implementation of the Older Americans Act Amendments of 1987. As you know, I have a special interest in these amendments as I had authored one of them—the health education and promotion amendments to Title III.

Looking ahead to the 1991 reauthorization of the Older Americans Act, it is important that we look back as to how the act has been implemented since its inception 25 years ago. I thank you, Mr. Chairman, for providing us this opportunity to look back and learn how Older Americans' needs have evolved over this period.

It is a fitting celebration of the act's silver anniversary to draw attention to the great strides Older Americans Act programs have made in improving the quality of life for senior citizens, but we must, at the same time, be aware that many vital needs remain unmet. I am very concerned about the unmet needs survey of supportive services, nutrition services, and multipurpose senior centers which was recently released by the Administration on Aging. The report clearly demonstrates that much remains to be done.

Specifically, the report found that outreach, information, and community education are the most needed. The most frequently discussed senior needs included information and financial counseling. Ironically, the Older Americans Act, as amended in 1987, authorizes several new programs which would meet these critical needs. Under Title III, the Older Americans Act would provide elder abuse prevent services, health screening, education and promotion, outreach, and long-term care ombudsman services. Unfortunately, these programs have not been funded to date because appropriations for the act have not yet reached the funding level trigger that would allow them to be implemented.

Funding for the Older Americans Act is an important but troubling issue. OAA funding has kept pace with either the inflation rate, nor the increase in the number of older Americans. Surely we can do better at keeping the promise we made to the elderly when the Older Americans Act first took shape 25 years ago.

I am in the process of planning a field hearing of this subcommittee in my district—the 30th District of New York—to assess the Title III programs which have not been funded and how seniors' needs are not being met in the absence of Federal funding of these programs. Anticipating that hearing, I am interested in the witnesses' ideas on Title III as currently written and their suggestions for alternative ways of meeting the health education needs of older Americans.

I would also like to learn more about consumer advocacy programs being undertaken by State and area agencies on aging. During the 1987 reauthorization, I introduced a successful amendment to the Older Americans Act which provided for, among other important programs, Medigap health insurance education and counseling services. These are among the Title III programs which have never been funded. Today, I am even more convinced of their necessity. With increasing frequency, I hear from my elderly constituents and their families that, at considerable expense and hardship, they are overinsured because of confusing Medigap health insurance forms and sales promotions which play on their fears of becoming seriously ill. The recent hearings of the Senate Special Committee Aging on the persistence of fraud and deception in the Medigap insurance market drew even sharper attention to the depth of this problem.

I believe that the Older Americans Act provides an opportunity to help seniors understand their health insurance needs through education and through counseling programs. This is a need which should figure more prominently during the 1991 reauthorization in light of the repeal of the Medicare Catastrophic Coverage Act which increased the importance of the Medigap insurance.

Let me now welcome the distinguished panel of witnesses here today and thank them for their commitment to serving our aging population. I look forward to hearing your testimony and appreciate any additional comment on the specific questions that I have raised.

Thank you.

Mr. DOWNEY. Thank You Mrs. Slaughter. At this time I would like to submit the prepared statements of Representatives Snowe and Bilbray for inclusion in the hearing record at this point. Hearing no objection, so ordered.

[The prepared statements of Representatives Olympia J. Snowe and James H. Bilbray follow:]

STATEMENT OF REPRESENTATIVE JAMES H. BILBRAY

I'D LIKE TO START OUT BY THANKING YOU, MR. CHAIRMAN, FOR CALLING THIS VERY TIMELY HEARING ON THE 1987 AMENDMENTS TO THE OLDER AMERICANS ACT.

IT HAS BEEN A LITTLE OVER TWO YEARS NOW SINCE THE ACT WAS REAUTHORIZED, AND WE CAN NOW EVALUATE THE IMPLEMENTATION OF THE NEW MANDATES THAT WERE CONTAINED WITHIN THE REAUTHORIZATION.

PERHAPS THE MOST CRITICAL CHANGES MADE IN 1987 WERE THE NEW OUTREACH PROGRAMS TO REACH ELDERLY PERSONS WHO MAY BE ELIGIBLE FOR BENEFITS FROM PROGRAMS SUCH AS SUPPLEMENTAL SECURITY INCOME (SSI), MEDICAID AND FOOD STAMPS, YET WERE NOT AWARE OF IT. A 1988 STUDY CONDUCTED BY AARP AND THE COMMONWEALTH FUND COMMISSION ON ELDERLY PEOPLE LIVING ALONE FOUND THAT, ON AVERAGE, 48.5 PERCENT OF

ELDERLY PERSONS FOR ELIGIBLE FOR SSI WERE NOT ENROLLED IN THE PROGRAM.

SIMILAR STUDIES HAVE INDICATED THAT MUCH THE SAME PROBLEMS EXIST WITH MEDICAID AND FOOD STAMPS, AND I LOOK FORWARD TO TESTIMONY EVALUATING THE EFFECTIVENESS OF THESE OUTREACH EFFORTS.

AS WE ALL KNOW, THE ACT WILL BE UP FOR REAUTHORIZATION AGAIN NEXT YEAR, AND I WOULD ALSO LIKE TO SOLICIT COMMENTS FROM THE WITNESSES ON IMPROVEMENTS AND/OR NEW INITIATIVES THAT CONGRESS SHOULD CONSIDER ENACTING AS PART OF THE REAUTHORIZATION. THE OLDER AMERICANS ACT DOES PROVIDE INVALUABLE ASSISTANCE TO MILLIONS OF OLDER AMERICANS; HOWEVER, AS WITH SO MANY PROGRAMS THAT SERVE OUR SENIORS, I'M SURE THAT WE CAN BE DOING MUCH MORE, AND I'M INTERESTED IN HEARING SPECIFICALLY WHAT ELSE CAN BE DONE.

OLYMPIA J. SNOWE

MARCH 27, 1990

STATEMENT BEFORE THE SUBCOMMITTEE ON HUMAN SERVICES "THE OLDER AMERICANS ACT AMENDMENTS OF 1987: THE AGING NETWORK"

MR. CHAIRMAN, I WANT TO COMMEND YOU FOR HOLDING THIS SECOND IN A SERIES OF HEARINGS ON THE IMPLEMENTATION OF THE OLDER AMERICANS ACT AMENDMENTS OF 1987 AND ISSUES CONCERNING THE REAUTHORIZATION OF THE ACT NEXT YEAR. TODAY WE WILL HEAR FROM REPRESENTATIVES OF THE AGING NETWORK -- THE ORGANIZATIONS WHICH ARE INVOLVED IN HOW THE OLDER AMERICANS ACT WORKS AS THE ONLY NATIONAL NETWORK ADDRESSING THE NEEDS OF OLDER PERSONS IN LOCAL COMMUNITIES THROUGHOUT THE COUNTRY.

AS WE CELEBRATE THE 25TH ANNIVERSARY OF THE OLDER AMERICANS ACT NEXT MONTH, IT MAY ALSO BE TIMELY TO REEXAMINE THE OBJECTIVES, OPPORTUNITIES AND CHALLENGES OF THE OLDER AMERICANS ACT IN THE CONTEXT OF THE FISCAL AND DEMOGRAPHIC REALITIES OF THE COMING DECADES. WITH LIMITED FEDERAL DOLLARS, HOW CAN WE BEST CONTINUE TO IMPROVE THE QUALITY OF LIFE AND MAINTAIN INDIVIDUAL INDEPENDENCE FOR A DIVERSE, GROWING AND CHANGING OLDER POPULATION?

FOR INSTANCE, THE NUMBER OF BOTH THE MINORITY ELDERLY AND "OLD-OLD," THOSE OVER 85, ARE EXPANDING RAPIDLY WITH INCREASING NEEDS FOR MORE EXTENSIVE HOME AND COMMUNITY-BASED SERVICES. SERVICES SUCH AS HOME-DELIVERED MEALS, HOMEMAKER AND HOME HEALTH AIDE ENABLES MANY OF THEM TO REMAIN AT HOME IN FAMILIAR SURROUNDINGS. ON THE OTHER HAND, MANY MEMBERS OF THE YOUNGER ELDERLY POPULATION VITALLY NEED THE NOURISHMENT OF FRIENDS AND MEALS AT SENIOR CENTERS. IN TURN, THEY ARE ALSO OFTEN ABLE TO CONTRIBUTE TO THE COST OF NUTRITION PROGRAMS AND VOLUNTEER THEIR TIME AND TALENTS TO HELP OTHERS IN NEED -- BOTH YOUNG AND OLD.

WE WILL BE COMPREHENSIVELY EXAMINING MANY VITAL ISSUES IN 1990 AND 1991 IN ORDER TO CONTINUE THE MISSION OF THE OLDER AMERICANS ACT. FIRST, HOW ARE THE 1987 AMENDMENTS WORKING? DO ANY OF THEM NEED STRENGTHENING OR CHANGING? IS A MORE FUNDAMENTAL RESTRUCTURING OF THE OLDER AMERICANS ACT IN ORDER?

NEXT, HOW CAN WE BEST MAKE SURE THAT OLDER INDIVIDUALS WITH THE GREATEST SOCIAL OR ECONOMIC NEED, PARTICULARLY LOW INCOME MINORITY ELDERLY, ARE ABLE TO GET THE SERVICES THEY NEED UNDER THE OLDER AMERICANS ACT? ARE THE INTRA-STATE FUNDING FORUMLAS SUFFICIENT? DOES MORE NEED TO BE DONE TO LOCATE THESE INDIVIDUALS AND ENCOURAGE THEM TO GET THE HELP THEY NEED?

AND HOW BEST CAN RESOURCES BE EXPANDED AND ENHANCED TO SUPPORT THE INCREASING NEED AND DEMAND FOR SERVICES? IS COST SHARING AN ANSWER? HOW CAN PUBLIC/PRIVATE PARTNERSHIPS CONTRIBUTE? CAN VOLUNTEER SERVICES AND CONTRIBUTIONS, NOT ONLY INDIVIDUAL BUT COMMUNITY AND STATE, BE EXPANDED FURTHER?

ONE OF THE MAJOR STRENGTHS OF THE OLDER AMERICANS ACT HAS BEEN ITS ONGOING SUPPORT FROM THE AGING COMMUNITY THROUGHOUT THE YEARS AND THROUGHOUT THE COUNTRY. THROUGH OPEN DIALOGUE WITH ORGANIZATIONS SUCH AS YOURS, I AM CONFIDENT WE WILL BE ABLE TO WORK TOGETHER TO FOCUS ON WAYS TO SUCCESSFULLY MEET THE CHALLENGES FACED BY THE OLDER AMERICANS ACT IN THIS NEW DECADE -- AND THE COMING CENTURY. I LOOK FORWARD TO HEARING YOUR COMMENTS TODAY.

Mr. DOWNEY. We will now begin hearing the testimony of our witnesses. Ms. Otwell, will you please proceed.

PANEL ONE, CONSISTING OF JANET OTWELL, DIRECTOR, ILLINOIS DEPARTMENT ON AGING, AND PRESIDENT, NATIONAL ASSOCIATION OF STATE UNITS ON AGING; MARGARET WILLIAMS, PRESIDENT, NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING; AND DR. DANIEL THURSZ, PRESIDENT, NATIONAL COUNCIL ON AGING, INC.

STATEMENT OF JANET OTWELL

Ms. OTWELL. Thank you, Congressman Downey and Mrs. Slaughter. I appreciate being here. I am Janet Otwell. I am director of the Illinois Department on Aging. Currently, I am president of the National Association of State Units on Aging. I will bring their thoughts to you at this time.

I think that with your help and with the cooperation, as the Congressmen have said, of any of the public and the private agencies we have established a network which, as far as NASUA was concerned at this point, needs to focus on two main areas. I want to address those points.

First is the development of a community-based system of long-term care, which is responsive to the needs of older persons. Second is the development of an elder rights system, which will protect the benefits available to older persons and will expand opportunities for meaningful participation in the social and economic life of the Nation.

It is within this policy framework that NASUA will review the success to date in implementing the 1987 OAA amendments. It is considering issues which we believe need to be addressed in 1991. The 1987 amendments, as initially passed by the Congress, provided many significant provisions which could have enhanced States' capacity to advance the community-based care and elder rights agenda.

Unfortunately, as Mrs. Slaughter said, many of those new programs and initiatives—elder abuse, outreach, health promotion, unmet needs, and ombudsman—have, to date, not been funded. In addition, the new Title III-D—the in-home services provisions for frail older individuals, which NASUA strongly supported, and which held out such promise—has been only minimally funded. The fate of the 1991 White House conference on aging authorized by the 1987 amendments remains unclear at this very late date.

Our association is also concerned about the recently released unmet needs study. The report clearly demonstrates the difficulties in documenting and reporting the entire range of services provided to older persons through a wide variety of funding sources—Federal, State and local, public and private—of which the Older Americans Act is only a small part. The States are interested in working with AoA in developing a common strategy for use by all the States to ensure more comparable data in future studies of this kind.

At this time, we are pleased that other new provisions of the 1987 amendments have been successfully implemented. At the Federal level, a direct reporting relationship between the U.S. Commissioner on Aging and the Secretary of the Department of Health and Human Services has been established. The Administration on Aging has moved to establish an Office for American Indian, Alaskan Native, and Native Hawaiian programs.

Even before the issuance of final Federal regulations in August 1988 to implement the 1987 amendments, States moved aggressively to begin implementation of the various new provisions relating to their administration of the act. In particular, States have established minimum funding priorities for legal services, in-home services, and access services; have focused increased attention on the targeting of resources to low-income and minority older persons, as well as the provision of services to the victims of Alzheimer's disease, and their families; and have made major revisions to their reporting systems to comply with the new statutory and AoA requirements.

As you know, the 1987 amendments also included many provisions to strengthen the capacity of the State long-term care ombudsman program to advocate on behalf of older residents of long-term care facilities. State units on aging have moved as quickly as possible, working with their State legislatures, governors, and other State agencies to implement these significant changes. These changes include provisions related to establishing an Office of the Ombudsman; conflict of interest, administrative, legal, and other remedies; training and approval of representatives investigating complaints; coordination of ombudsman services with the protection and the advocacy system, designation of subdivisions of the ombudsman office; immunity for representatives of the ombudsman office for good faith performance; preventing willful interference with the official duties of the representatives, and access by representatives to the long-term care facilities, to the residents, and to their records.

I am pleased to report that program data from the first year experience with these amendments to the State ombudsman program indicates a 15 percent increase in total funding by the States, including a 9 percent increase in Title III-B funding. It is important to note that these increases took place, however, at a time of level funding in the overall Title III program. In addition, there have been a 5 percent increase in paid and volunteer staff working in the program. This staffing resulted in a 17 percent increase in the number of complaints received from, or on half of, residents.

Turning now to the 1991 reauthorization, NASUA is hopeful that the Congress will include provisions which enhance the capacity of the State aging networks to advance the community-based care and elder rights agendas of older persons. The association is in the process of developing a set of principles related to the 1991 reauthorization of the act. We will be discussing these principles with our full membership at our June annual meeting. They will then become the policy framework within which NASUA will make specific recommendations for changes in the act. We will be happy to be working with you at that time.

I don't want to circumvent our process which is in place and underway, so I don't want to be too specific, but I would like to outline for you the general areas that are under current discussion.

One is the degree of restructuring and reorganization of the act necessary to strength the mission of the network. Another is the appropriate level of authorization of funds. Another is the current report requirements. Another are ways to strengthen the advocacy systems development role of the Administration on Aging and the State networks. Another is the provision to underscore the fundamental public purpose mission of the State and area agencies while encouraging public/private partnerships.

Another are the recommendations to strengthen the leadership role, capacity, and resources of the State and area agencies in the design of managed care programs, ensuring the access of older persons to services and benefits, protecting the rights of older persons, and targeting resources to the vulnerable, especially the low-income minority persons, including persons with dementia.

Also, amendments to further strengthen the capacity of the State long-term care ombudsman program. Another is the most effective and equitable way to introduce cost sharing into the act, based on the recommendations of the recent report on this topic issued by the General Accounting Office. Another is provisions to strengthen the coordination of Title III and Title VI and ways to enhance the timely utilization of Title IV disaster relief funds.

Another is ways that Title IV research, demonstration, and training programs can be supportive of the current policy and program priorities of the State aging networks. Finally, provisions to enhance coordination between the State and national sponsors in the implementation of the Title V—senior community service employment program.

Thank you very much, Mr. Chairman, for the opportunity to present NASUA's views.

[The prepared statement of Ms. Otwell follows:]

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STATEMENT OF

THE NATIONAL ASSOCIATION OF STATE UNITS ON AGING

ON

IMPLEMENTATION OF THE 1987 OLDER AMERICANS ACT AMENDMENTS

AND

ISSUES RELATED TO THE 1991 OAA REAUTHORIZATION

Presented to

House Select Committee on Aging

Subcommittee on Human Services

by

Janet Otwell
Director, Illinois Department on Aging
and
President, National Association of State Units on Aging

March 27, 1990

Mr. Chairman and distinguished members of the Subcommittee on Human Services. I am Janet Otwell, Director of the Illinois Department on Aging and the current President of the National Association of State Units on Aging. I am pleased to have this opportunity to present the viewpoints of the Association on the implementation of the 1987 Amendments to the Older Americans Act and to discuss issues which we believe should be addressed during the Act's reauthorization in 1991.

Congressionally initiated and constituency based, the Older Americans Act of 1965 continues to express this nation's goals and commitment to ensuring the well-being of older Americans.

- Adequate retirement income
- Maximum physical and mental health
- Suitable housing
- Comprehensive community based long term care
- Appropriate employment opportunities
- Civic, cultural, educational and recreational opportunities
- Benefit of research to improve health and independence
- Freedom to plan and manage their own lives

To meet these goals, an administrative and service network has evolved that includes:

- Federal Administration on Aging with its 10 Regional Offices
- 57 State Agencies on Aging
- 672 Sub-state Area Agencies on Aging
- Over 15,000 Citizen Advisory Council Members
- Over 12,000 Congregate Nutrition Sites
- Over 18,000 Providers of Home and Community Services

The Act is the only categorical program directed solely to meet the local service needs of older people, but the mission goes far beyond the provision of services. It involves planning for the older population boom, advocating for the rights of older people, educating communities, and encouraging others to develop and provide needed services, benefits and opportunities. But most importantly, the Act has established a mission for communities. That mission is embodied in the intent to provide - in every locality - a range of options or a continuum of care to meet the changing needs of older people. Further, the challenge is to make sure that all services in an area are coordinated and work together as a whole. This is the mission of the Older Americans Act network.

Today, the goals and objective of this network center on two major policy arenas:

FIRST: The development of a community based long term care system which is responsive to the needs of older persons; and

SECOND: The development of an elder rights system which will protect the benefits available to older persons and expand opportunities for meaningful participation in the social and economic life of the nation.

It is within this policy framework that NASUA views the success to date in implementing the 1987 OAA Amendments and is considering issues which we believe need to be addressed in 1991. The 1987 Amendments as initially passed by the Congress provided many significant provisions which could have enhanced the states capacity to advance the community based care and elder rights agenda of older persons. Unfortunately many of those new programs and initiatives - elder abuse, outreach, health promotion, unmet needs and ombudsman - have to date not been funded. In addition, the new Title III-D - In-Home Services for Frail Older Individuals - which this Association strongly supported, and which held out such promise, has only been minimally funded. And the fate of the 1991 White House Conference on Aging, authorized by the 1987 OAA Amendments, remains unclear at this very late date.

The Association is also concerned about the recently released unmet needs study. The report clearly demonstrates the difficulties in documenting and reporting the entire range of services provided to older persons through a wide variety of funding sources - federal, state and local, public and private - of which the Older Americans Act is only a small part. The states are interested in working with AoA in developing a common strategy for use by all the states to ensure more comparable data in future studies of this kind.

At same time, we are pleased that other new provisions of the 1987 Amendments have been successfully implemented. At the federal level, a direct reporting relationship between the U.S. Commissioner on Aging and the Secretary of the Department of Health and Human Services has been established and the Administration on Aging has moved to establish an Office for American Indian, Alaskan Native and Native Hawaiian Programs.

Even before the issuance of final federal regulations on August 31, 1988 to implement the 1987 OAA Amendments, states moved aggressively to begin implementation of the various new provisions relating to their administration of the Act. In particular, states have established minimum funding priorities for legal services, in-home service and access services; have focused increased attention on the targeting of resources to low income and minority older persons as well as the provision of services to victims of Alzheimer°s disease and their families; and have made major revisions to their reporting systems to comply with the new statutory and AoA requirements.

As you know the 1987 Amendments also included many provisions to strengthen the capacity of the State Long Term Care Ombudsman Program to advocate on behalf of older residents of long term care facilities. State Units on Aging have moved as quickly as possible working with state legislatures, governors and other state agencies to implement these significant changes. These changes include provisions related to establishing an Office of the Ombudsman; conflict of interest; administrative, legal and other remedies; training and approval of representatives investigating complaints; coordination of ombudsman services' with the protection and advocacy system; designation of subdivisions of the Ombudsman Office; immunity for representatives of the Ombudsman Office for good faith performance; preventing willful interference with the official duties of representatives, and access by representatives to long term care facilities, residents and records.

I am pleased to report that program data from the first year experience with these Amendments to the state ombudsman program indicates a 15 percent increase in total funding by states - including a 9 percent increase in Title III-B funding. It is important to note that these increases took place at a time of level funding in the overall Title III program. In addition, there has been a 5 percent increase in paid and volunteer staff working in the program. This staffing increase resulted in a 17 percent increase in the number of complaints received from or on behalf of residents.

Turning now to the 1991 reauthorization of the Act, NASUA is hopeful that the Congress will include provisions which enhance the capacity of the state aging networks to advance the community based care and elder rights agendas of older persons. The Association is in the process of developing a set of principles related to the 1991 reauthorization of the Act. Those principles will be discussed by the full membership of the Association at our June annual meeting and become the policy framework within which NASUA will make specific recommendations for changes in the Act.

Not wanting to circumvent this process, which is in place and underway, I am unable to delineate specific recommendations. However, I would like to share with the Committee the general areas under current discussion:

- The degree of restructuring and/or reorganization of the Act necessary to strengthen the mission of the OAA network.

- Appropriate levels of authorization of funds.

- Current reporting requirements.

- Ways to strengthen the advocacy/systems development role of the Administration on Aging and the state aging networks.

- Provisions to underscore the fundamental public purpose mission of the state and area agencies while encouraging public/private partnerships.

- Recommendations to strengthen the leadership role, capacity and resources of the state and area agencies in the design of managed care programs, ensuring the access of older persons to services and benefits, protecting the rights of older persons and targeting resources to the most vulnerable, especially low income minority persons, including persons with dementia.

- Amendments to further strengthen the capacity of the State Long Term Care Ombudsman program to enhance the quality of care provided to residents of long term care facilities.

- The most effective and equitable way to introduce cost sharing principles into the Act based on the recommendations of the recent report on this topic issued by the General Accounting Office.

- Provisions to strengthen the coordination of the Title III and Title VI programs.

- Ways to enhance the timely utilization of Title IV disaster relief funds.

- Ways that the Title IV research, demonstration and training program can be supportive of the current policy and program priorities of state aging networks.

- Provisions to enhance coordination between the state and national sponsors in the implementation of the Title V - Senior Community Service Employment Program.

Thank you Mr. Chairman for the opportunity to present NASUA's perspective on this important topic. We thank you and the other members of the Committee for your continuing interest in the implementation of the Older Americans Act and your advocacy on behalf of older Americans.

STATEMENT OF MARGARET WILLIAMS

Ms. WILLIAMS. Good morning. I am very pleased to be here, Mr. Chairman, and other members of the subcommittee. I am Margaret Williams, president of the National Association of Area Agencies on Aging.

On behalf of our member organizations, I am very happy to have this opportunity to testify on the implementation of the Older Americans Act Amendments of 1987. In my testimony this morning, I would like to address the implementation of the Older Americans Act amendments and make some comments and recommendations for the 1991 reauthorization.

As to the implementation of the Older Americans Act Amendments of 1987, I would like to comment on four areas. The first would be the organizational status of the Administration on Aging, the functions of the Administration on Aging, Title III and Title VI service programs, and administrative changes that were made to the act.

One of the perennial issues under the Older Americans Act has been the organizational status of the Commissioner on Aging and the Administration on Aging. The 1987 amendments elevated the position of the Commissioner of Aging to the Assistant Secretary level and clarified that the Commissioner reports directly to the Secretary of Health and Human Services. NAAAA believes that this amendment has been implemented in the way that it was intended.

Commissioner on Aging's Dr. Joyce Berry testified before your committee in February that she meets regularly with the Secretary and regularly updates him on issues of concern to older people.

The 1987 amendments set out several specific responsibilities and functions of the Commissioner including strengthening AoA's involvement in policy alternatives in long-term care; that the Commissioner advise, consult, and cooperate with the heads of Federal agencies and departments proposing or administering services programs related to the purpose of the act; developing a national report assessing the unmet needs for supportive and nutritional services; and the establishment of a new office for American Indian, Alaskan Native, and Native Hawaiian programs to be headed by an Associate Commissioner.

In our view, to date, some of these amendments have been adequately implemented, and some have not. Through her efforts with the Pepper Commission and the Department of Health and Human Services task force on access and long-term care, Commissioner Berry has been active in positioning the aging network for a lead role in providing community-based services as an alternative to institutional care.

She has also been active in collaborating with other Federal agencies and Departments and has developed a memorandum of understanding for cooperative programs and services for help to older people.

The two areas where there has been only partial implementation of Congressional intent are the unmet needs study and the establishment of an office for American Indian, Alaskan Native, and Native Hawaiian programs. We share with Congress the disappointment over the report on unmet needs as submitted by the Administration on Aging. The report did not give national estimates of unmet needs or increased understanding of location of possible pockets of particular need.

The report also did not clarify the types of services for which there is increased demand and, therefore, where increased support is needed. We believe guidelines are necessary in order to maintain consistency in data collection nationwide.

We understand that Dr. Berry is working diligently to fill the position of Assistant Secretary for American Indian, Alaskan Native, and Native Hawaiian programs. While Dr. Berry should not be held accountable for the laxity of the previous administration, it is inexcusable that after 3 years the Administration on Aging has still not implemented the will of Congress on this matter.

In the area of service programs, the 1987 amendments made several important improvements to the Older Americans Act service programs including outreach services for older persons eligible for supplemental security income, food stamps, and Medicaid programs; a renewed emphasis on minority elderly and those with the greatest economic and social need; a separate authorization for long-term care ombudsman program; and separate subtitles for frail elderly, elder abuse prevention, elderly with special needs, and preventive health services. The thrust of these amendments was to increase service delivery to older persons and to provide vulnerable elderly with the mechanisms for personal protection.

Unfortunately, inadequate funding has hampered the implementation of these amendments. Funding for the Older Americans Act has not kept pace with inflation or the increase in the number of older persons in our society. For example, the appropriation level of Title III-B, support services and senior centers, increased by only 9 percent over the 10-year period from fiscal year 1980 to fiscal year 1990. As a result, the elder abuse protection, health promotion, and special needs amendments have not reached the funding level trigger that would allow them to be implemented.

The outreach provision, likewise, has not been appropriated funds. Overall funding support for the Older Americans Act has declined. I hope you will all look at the chart that we put into our formal testimony, which I think gives a very good picture of where we are in funding.

The ratio of appropriation levels to authorization levels has decreased since 1985 to where the Title III-B and Title VI received only 65 percent of their authorization levels in 1990. The long-term care ombudsman program received only 5 percent of its authorized funding. This level of support is not adequate enough to allow the broad goals and objectives the Older Americans Act and the targeting of services to low-income and minority elderly to be met. Individuals in need are not receiving services.

As far as the Title III administrative changes go, the 1987 amendments contained changes in the administration of Title III programs that we support and believe should be maintained. First, the amendments increased the amounts allowable for area agency administrative expenses up to 10 percent of a State agency's services allotment. This has improved AAA's ability to administer programs.

Second, the amendments allowed State agencies the authority to transfer funds between their separate allotments for supportive and nutrition services. We also believe that this should be kept because it allows for local flexibility and the understanding of meeting the needs where they are in local service areas.

As far as the 1991 reauthorization of the Older Americans Act goes, we believe there are several things that should be looked at very carefully. Based on a survey we conducted of our members on their concerns for reauthorization, the NAAAA board of directors has developed positions on several issues that I'd like to raise this morning.

First of all, we would like to reaffirm the basic mission of the act. There should be continued emphasis within the act on serving all older persons with special emphasis on outreach to minority and low-income individuals. One of the strengths of the Older Americans Act has been the support it has received from a broad spectrum of older persons, families, communities, the Congress, and national organizations. We believe that this broad base of support should be maintained.

We also believe in resource enhancement and improved access to services. The funding of the Older Americans Act programs, particularly Title III-B and Title VI, have not kept abreast of inflation, the increase in the number of persons over age 60, or the need for services. The flat funding of service programs has hampered service delivery efforts, outreach to those with the greatest economic and social need, and has not allowed needed program growth.

Demand for services is outstripping the network's ability to provide services. Area agencies have reached the limit of their ability to provide services without an increase in Federal funding.

To address these concerns, NAAAA is recommending the following methods be considered to increase resources and improve access to all services. First, increasing the authorization level of all Older Americans Act programs, with particular emphasis on Title III-B and Title VI service programs.

Second, implementation of cost sharing for all in-home services. As in-home services are more expensive to provide, those who are able to pay for such services should share in their cost. The cost of services should be shared on a self-reported, ability-to-pay basis using a sliding scale. Those who are unable to pay should not be denied or given a lower priority for services. We firmly believe there should not be income testing or means testing for eligibility to Title III services.

Third, the development of private sector grants, contracts, and initiatives, such as AAA contracting to provide services and care management to, and with, the private sector should be encouraged.

Fourth, any new responsibilities or special mandates introduced into Title III programs, or the addition of new tribes into Title VI, must be accompanied by additional funding. To add new responsibilities without a funding increase dilutes the existing program.

It should be made explicit within the act that the funds derived from these services will be used to increase access in the aging network's capacity to provide services. The funds derived should enhance, rather than replace, Title III funding for services and programs.

Finally, we recommend that the program reporting requirements of State and area agencies be streamlined, and the national database on aging be reactivated and included within the act. Information on service utilization activities, and the kinds of service provided, and the level of unmet need is crucial for planning within the aging network, and for the Congressional budget, appropriations, and oversight processes.

The answer to many of our problems is lack of money. Give the aging network the dollars, and we will do the job. Please, again, look at the chart that we have included in our formal testimony.

Mr. Chairman, on behalf of NAAAA, I want to thank you for this opportunity to present our views on the Older Americans Act. The National Association of Area Agencies on Aging strongly supports your efforts on behalf of all older Americans.

I'll be happy to answer any questions.

[The prepared statement of Ms. Williams follows:]

NATIONAL ASSOCIATION OF
AREA AGENCIES ON AGING
"Reaching the Nation's Elderly"

TESTIMONY OF

THE NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING

Offered by

Margaret Williams
President

before the

UNITED STATES HOUSE OF REPRESENTATIVES

SELECT COMMITTEE ON AGING

SUBCOMMITTEE ON HUMAN SERVICES

on the subject of

THE IMPLEMENTATION OF THE OLDER AMERICANS ACT AMENDMENTS OF 1987

March 27, 1990

The Honorable Thomas J. Downey, Chairman

600 Maryland Avenue, S.W., Suite 208, Washington, D.C. 20024 (202) 484-7520

Mr. Chairman and members of the Subcommittee on Human Services, I am Margaret Williams, President of the National Association of Area Agencies on Aging. On behalf of our member organizations, I am pleased to have the opportunity to present testimony regarding the "Implementation of the Older Americans Act Amendments of 1987." We commend you for holding this hearing; it is important that we periodically review and update the Older Americans Act to assure that it adequately addresses the needs of older persons.

The National Association of Area Agencies on Aging

The National Association of Area Agencies on Aging (NAAAA) is the national organization representing the network of over 670 Area Agencies on Aging across the nation. Area Agencies on Aging were established, as a result of the 1973 amendments to the Older Americans Act, to address the needs of older Americans aged 60 and over within each local community. The Area Agency on Aging is the vital link between the local community and many of the Federal and State programs available to older persons. Area Agencies on Aging are charged with assuring the availability of a comprehensive array of services for the elderly, and they are responsible for developing and coordinating locally-based social and nutritional services which help older persons remain independent in their own homes and communities. The primary mission of Area Agencies on Aging is to: (a) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate support services; (b) remove individual and social barriers to economic and personal independence for older persons; and (c) provide a continuum of community-based and in-home care for the vulnerable elderly, thereby avoiding premature or inappropriate institutionalization.

In my testimony this morning I want to first address the implementation of the Older Americans Act amendments of 1987 and then make comments and recommendations for changes in the Act for the 1991 reauthorization.

Implementation of the Older Americans Act Amendments of 1987

There were many amendments to the Older Americans Act during the 1987 reauthorization. I will comment on four broad areas: the organizational status of the Administration on Aging (AoA), the Functions of AoA, the Title III and Title VI service programs, and administrative changes that were made to the Act.

Organizational Status of the Administration on Aging. One of the perennial issues under the Older Americans Act has been the organizational status of the Commissioner on Aging and the Administration on Aging. The 1987 amendments elevated the position of Commissioner on Aging to the assistant secretary level and clarified that the Commissioner reports directly to the Secretary of Health and Human Services. NAAAA believes that this amendment has been implemented in the way that it was intended. Commissioner on Aging Dr. Joyce Berry testified before this Subcommittee on February 7, 1990, that she meets regularly with Secretary Sullivan, and through her leadership, is able to bring issues of concern to older persons to his attention.

Functions of the Administration on Aging. The 1987 amendments set out several specific responsibilities and functions of the Commissioner, including (a) strengthening AoA's involvement in policy alternatives in long-term care and assuring that the development of community services as alternatives to institutional care is given priority attention, (b) that the Commissioner advise, consult, and cooperate with the heads of Federal agencies or departments proposing or administering services or programs related to the purposes of the Older Americans Act, (c) developing a national report assessing the unmet need for supportive and nutritional services, and (d) the establishment of a new Office for American Indian, Alaskan Native, and Native Hawaiian programs, to be headed by an Associate Commissioner.

In our view, to date, some of these amendments have been adequately implemented and some have not. Through her efforts with the Pepper Commission and the DHHS task force on access and long-term care, Commissioner Berry has been active in positioning the aging network for a lead role in providing community services as an alternative to institutional care. She has also been active in collaborating with other federal agencies and departments, such as HUD, Labor, and SSA, and has developed memorandum of understanding for cooperative efforts to help older persons.

The two areas where there has been only partial implementation of Congressional intent are the unmet needs study and the establish-ment of an Office for American Indian, Alaskan Native, and Native Hawaiian programs. We share with Congress the disappointment over the report on unmet needs submitted by AoA. The report did not give national estimates of unmet needs or increase understanding of location of possible pockets of particular need. The report also did not clarify the types of services for which there is increased demand, and, therefore, where increased support is warranted. We believe guidelines are necessary in order to maintain consistency in data collection nationwide.

We understand Dr. Berry is working diligently to fill the position of Assistant Secretary for American Indian, Alaskan Native, and Native Hawaiian programs. While Dr. Berry should not be held accountable for the laxity of the previous administration, it is inexcusable that after three years AoA has still not implemented the will of Congress on this matter.

Service Programs. The 1987 amendments made several important improvements to Older Americans Act service programs, including (a) outreach services for older persons eligible for supplemental security income, food stamps, and medicaid programs; (b) a renewed emphasis on minority elderly and those with greatest economic and social need; (c) a separate authorization for the Long-Term Care Ombudsman program; and (d) separate subtitles for frail elderly, elder abuse prevention, elderly with special needs, and preventive health services. The thrust of these amendments was to increase service delivery to older persons and to provide vulnerable elderly with mechanisms for personal protection.

Unfortunately, funding for the Older Americans Act has not kept pace with inflation or the increase in the number of older persons in our society (see Table I & Graph I). For example, the appropriation level for Title III-B, Supportive Services and Senior Centers, increased by only 9 percent between FY 80 and FY 90. As a result, the elder abuse protection, health promotion, and special needs amendments have not reached the funding level trigger that would allow them to be implemented. The outreach provision, likewise, has not been appropriated funds. Overall, funding support for the Older Americans Act has declined. The ratio of appropriation levels to authorization levels has decreased since 1985 (see Table II), to where the Title III-B, Supportive Services and Senior Centers, and Title VI, Native American programs, received only 65 percent of their authorization level in FY 90. The Long-Term Care Ombudsman program received only 5 percent of its authorized funding. This level of support is not adequate enough to allow the broad goals and objectives of the Older Americans Act and the targeting of services to low income and minority elderly to be met. Individuals in need are not receiving services.

Title III Administrative Changes. The 1987 amendments contained changes in the administration of Title III programs that we support and believe should be maintained. First, the amendments increased the amounts allowable for Area Agency administrative expenses, up to 10 percent of a State agency's services allotment. This has improved AAA ability to administer programs. Second, the amendments allowed State agencies the authority to transfer funds between their separate allotments for supportive and nutrition services. Up to 30 percent of allotted funds may be transferred between meal programs or with supportive services. Short of increases in appropriation levels to adequately fund all Older Americans Act service programs, we believe this transfer authority is important for the network's ability to address variations in local service needs.

Issues for the 1991 Reauthorization of the Older Americans Act

The National Association of Area Agencies on Aging is currently in the process of developing positions for the 1991 reauthorization of the Older Americans Act. The full range of issues and our official positions will not be available until after our annual meeting in August. Based on a survey we conducted of our members on their concerns for reauthorization, the NAAAA Board of Directors has developed positions on several issues that are of particular interest.

Reaffirmation of the Basic Mission of the Act. There should be continued emphasis within the Act on serving all older persons, with special emphasis on outreach to minority and low income individuals. One of the strengths of the Older Americans Act has been the support it has received from a broad spectrum of older persons, families, communities, the Congress, and national organizations. We believe this broad base of support should be maintained. Concurrently, we are concerned that many older individuals who fall within the category of "those with greatest economic and social need" are not receiving Older Americans Act services, and believe that special emphasis should be continued to address the needs of these elders.

Resource Enhancement and Improved Access to Services. The funding of Older Americans Act programs, particularly Title III-B and Title VI, have not kept abreast of inflation, the increase in the number of persons over age 60, or the need for services. The flat funding of service programs has hampered service delivery efforts, outreach to "those with greatest economic and social need," and has not allowed needed program growth. Demand for services is outstripping the network's ability to provide services. Area Agencies on Aging have reached the limit on their ability to provide services without an increase in federal funding. In January 1990, NAAAA conducted a survey of its member organizations to determine the level of unmet needs of older persons in six service areas. The service areas included congregate and home-delivered meals, personal care services, legal services, transportation, and care/case management. A copy of the survey report is attached. In summary, **there are unmet needs in all service areas.** However, the level of unmet needs is not equal for all services. The highest levels of unmet needs are for in-home services (including home-delivered meals, personal care services, and care/case management) and transportation services, followed by congregate meals and legal services. And while the survey did not allow reporting by ethnic or cultural subdivisions or by income level, it is reasonable to expect that many of the older individuals whose needs are unmet are minority elderly and "those with greatest economic and social need."

To address these concerns, NAAAA is recommending that the following methods be used to increase resources and improve access to services:

First, increasing the authorization level of all Older Americans Act programs, with particular emphasis on Title III-B, Supportive Services and Senior Centers, and Title VI, Native American programs.

Second, implementation of cost sharing for all in-home services. As in-home services are more expensive to provide, those who are able to pay for such services should share in their cost. The cost of services should be shared on a self-reported "ability to pay" basis, using a sliding-fee scale. Those who are unable to pay should not be denied or given a lower priority for services.

However, there should _not_ be income testing for _eligibility_ for Title III services. The funds raised through cost sharing should be used to enhance the service delivery efforts of the aging network.

Third, the development of private sector grants, contracts, and initiatives, such as AAA contracting to provide services and care management to the private sector, be encouraged.

Fourth, that any new responsibilities or special mandates introduced into Title III programs, or the addition of new tribes into Title VI, must be accompanied by additional funding. Additional service requirements have often been added to the Act without a concurrent increase in funding to meet the new responsibilities. To add new responsibilities without a funding increase dilutes existing programs.

It should be made explicit within the Act that the funds derived from these sources will be used to increase the aging network's capacity to provide services. The funds derived should enhance, rather than replace, Title III funding for services and programs.

National Data Base on Aging. We recommend that program reporting requirements be streamlined and the National Data Base on Aging be reactivated and included within the Act. Currently, while an abundance of information is being collected, little of it is useful in determining unmet service needs. Information on service utilization, activities and the kinds of services provided, and the level of unmet need is crucial for planning within the aging network, and for congressional budget, appropriations, and oversight processes.

Mr. Chairman, we thank you for this opportunity to present our views on the Older Americans Act. The National Association of Area Agencies on Aging strongly supports your efforts on behalf of older Americans.

Table 1

FY 1980 TO FY 1990 APPROPRIATIONS
PROGRAMS AFFECTING OLDER PERSONS

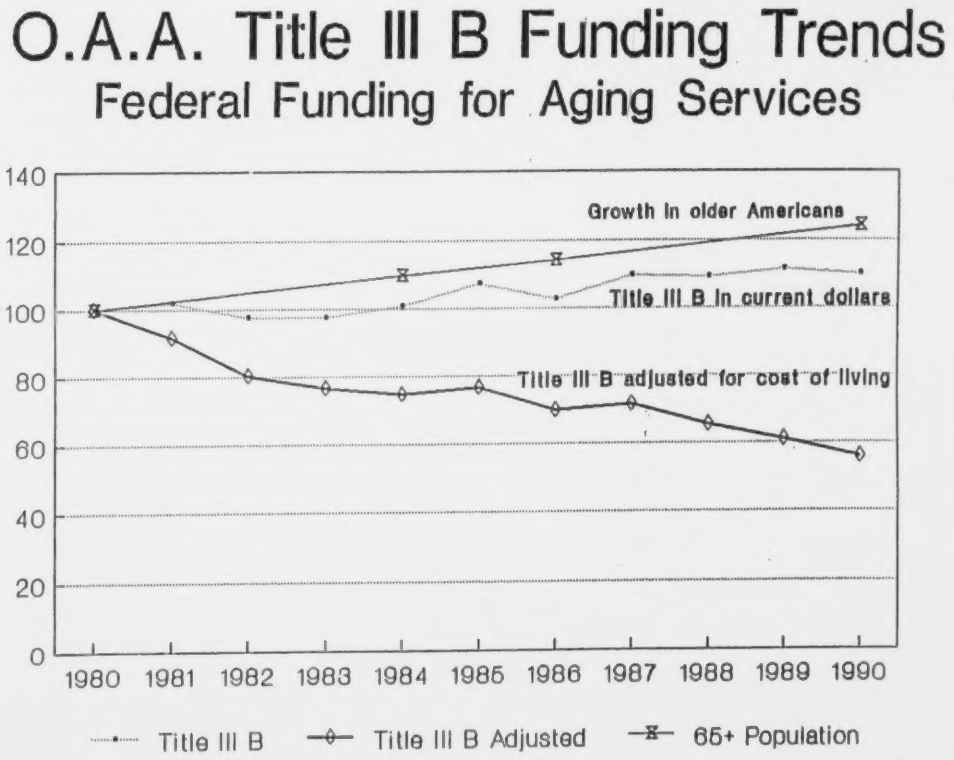
(Reported in millions of dollars)

Older Americans Act Programs:	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990*
Supportive Services and Senior Centers (III-B)	$247.0	$251.5	$240.9	$240.9	$248.7	$265.0	$253.6	$270.1	$269.0	$274.4	$270.9
Ombudsman Activities	--	--	--	--	--	--	--	--	1.0	1.0	.98
Congregate Meals (III-C-1)	270.0	295.0	286.7	321.6	319.1	336.0	321.5	348.0	344.7	356.7	350.6
Home-Delivered Meals (III-C-2)	50.0	55.0	57.4	62.0	67.0	67.9	65.0	75.4	75.6	78.5	78.6
Frail Elderly In-Home Services (III-D)	--	--	--	--	--	--	--	--	4.8	4.8	5.7
Research, Training, and Demonstrations (IV)	54.3	40.5	22.2	22.2	22.2	25.0	23.9	25.0	23.9	22.2	25.2
Older Workers (Title V)	266.9	277.1	277.1	319.5	317.3	326.0	312.0	336.0	331.3	343.8	355.8
Grants to Native Americans (VI)	6.0	6.0	5.7	5.7	5.7	7.5	7.2	7.5	7.2	10.7	12.5
Older American Volunteer Programs:											
Foster Grandparents	46.9		46.1	48.4	48.4	56.1	56.1	56.1	57.4	58.9	59.5
Senior Companion	10.2		12.2	12.0	12.0	18.0	18.1	18.1	23.1	25.1	26.6
RSVP	26.2		26.4	27.4	27.4	29.6	29.6	29.6	30.6	30.8	31.4
Low Income Energy Assistance Prog.		1850.0	1875.0	1975.0	2075.0	2100.0	2008.0	1822.3	1531.8	1383.2	1339.8
SSI Outreach	--	--	--	--	--	--	--	--	--	--	3.4

* Appropriated totals reduced to account for an estimated Gramm-Rudman-Hollings sequestration of 1.7%.

Compiled by the National Association of Area Agencies on Aging

GRAPH 1



Indexed trends, 1980 = 100

Compiled by the National Association of Area Agencies on Aging

Table 2

OLDER AMERICANS ACT PROGRAMS
FY 85 TO FY 91 AUTHORIZATION AND APPROPRIATIONS LEVELS

(Reported in millions of dollars)

	Older Americans Act Program Titles*							
	III-B	III-C-1	III-C-2	III-D	IV	V	VI	LTCOP
1985								
Authorization	$325.7	$360.8	$ 69.1	--	$ 28.2	$335.0	$ 7.9	--
Appropriation	265.0 (81%)	336.0 (93%)	67.9 (98%)	--	25.0 (89%)	326.0 (97%)	7.5 (95%)	--
1986								
Authorization	343.6	376.5	72.0	--	29.8	351.4	8.3	--
Appropriation	253.6 (74%)	321.5 (85%)	65.0 (90%)	--	23.9 (80%)	312.0 (89%)	7.2 (87%)	--
1987								
Authorization	361.5	395.0	75.6	--	31.4	368.3	8.6	--
Appropriation	270.1 (75%)	348.0 (88%)	75.4 (99%)	--	25.0 (80%)	336.0 (91%)	7.5 (87%)	--
1988								
Authorization	379.6	414.8	79.4	25.0	33.0	386.7	13.4	20.0
Appropriation	269.0 (71%)	344.7 (83%)	75.6 (95%)	4.8 (19%)	23.9 (72%)	331.3 (86%)	7.2 (54%)	1.0 (5%)
1989								
Authorization	398.6	435.5	83.3	26.3	34.6	406.1	16.3	20.0
Appropriation	274.4 (69%)	356.7 (82%)	78.5 (94%)	4.8 (18%)	22.2 (64%)	343.8 (85%)	10.7 (66%)	1.0 (5%)
1990								
Authorization	418.5	457.3	87.5	27.6	36.3	426.4	19.1	20.0
Appropriation**	270.9 (65%)	350.6 (77%)	78.6 (90%)	5.7 (21%)	25.2 (69%)	355.8 (83%)	12.5 (65%)	.9 (5%)
1991								
Authorization	439.4	480.1	91.9	28.9	38.2	447.7	22.1	20.0

*Title III-B:	Supportive Services and Senior Centers
Title III-C-1:	Congregate Meals
Title III-C-2:	Home-Delivered Meals
Title III-D:	Frail Elderly In-Home Services
Title IV:	Research, Training, and Demonstrations
Title V:	Older Worker Programs
Title VI:	Grants to Native Americans (combines Indian and Native Hawaiian programs)
LTCOP:	Long-Term Care Ombudsman Program

**Appropriated totals reduced to account for an estimated Gramm-Rudman-Hollings sequestration of 1.7%

Compiled by the National Association of Area Agencies on Aging

REPORT ON UNMET NEEDS SURVEY

In January 1990, the National Association of Area Agencies on Aging conducted a survey of member organizations to determine the level of unmet needs of older persons in six service areas. The service areas included: congregate meals, home-delivered meals, personal care services, legal services, transportation, and care/case management. Area Agencies on Aging were asked whether there were unmet needs in the six service areas, the number of older persons eligible for services who are currently not being served, and how the number of persons not being served was determined (by waiting lists, recent needs assessment, or other methods). A total of 130 completed surveys were returned. The following is a report of the survey results.

There are unmet needs in all service areas. However, the level of unmet need is not equal for all services. In summary, the highest levels of unmet needs reported by Area Agencies on Aging (AAAs) are for in-home services, including home-delivered meals (by 83.7% of AAAs), personal care services (88.3%), and care/case management (70.6%); for transportation services (85.0%); congregate meals (48.1%); and legal services (38.7%). These results are consistent with Administration on Aging data which describe an increase in the demand for in-home services.

UNMET NEEDS FOR CONGREGATE NUTRITION SERVICES. Of the 129 Area Agencies on Aging (AAAs) responding to this question, 62 (48.1%) indicated there is unmet needs for congregate nutrition services and 67 (51.9%) indicated that service needs are being fully met. Of the 62 AAAs reporting unmet needs, 23 provided information on the number of persons unserved based either on waiting lists or on a recent needs assessment. Depending on the size and locality of the AAA, the number of persons eligible for congregate nutrition services who are unserved ranged from 10 to 1600 individuals.

UNMET NEEDS FOR HOME-DELIVERED MEALS. Of the 129 AAAs responding to this question, 108 (83.7%) reported they are unable to meet the needs for home-delivered meals, and 21 (16.3%) indicated they are able to fully meet demand. Of those 108 AAAs reporting unmet needs, 72 provide information on the number of persons unserved based on waiting lists or on a recent needs assessment. Depending on the size and locality of the AAA, the number of persons eligible for home-delivered meals who are unserved ranged from 4 to 520 individuals.

UNMET NEEDS FOR PERSONAL CARE SERVICES. Of the 120 AAAs responding to this item, 106 (88.3%) indicated they are unable to meet the demand for personal care services, and only 14 (11.7%) that they are able to provide care to all those in need of such services. Of the 106 reporting unmet needs for personal care services, 79 provided the number of persons unserved based on waiting lists or on a recent needs assessment. Depending on the size and locality of the AAA, the number persons eligible for personal care services are unserved ranged from 10 to 520 individuals.

UNMET NEEDS FOR LEGAL SERVICES. Of the 124 AAAs responding to this question, 76 (61.3%) reported that they had no unmet needs for legal services, while 48 (38.7%) indicated that need outstripped availability of services. Of the 48 reporting unmet needs for legal services, 18 provided information for analysis based on waiting lists or on a recent needs assessment. Depending on the size and locality of the AAA, the number of persons unserved ranged from 6 to 100 individuals.

UNMET NEEDS FOR TRANSPORTATION SERVICES. Of the 127 AAAs responding to this question, 108 (85.0%) reported they had unmet needs for transportation services, and 19 (15.0%) indicated there was no unmet needs. Of the 108 AAAs reporting unmet needs for transportation services, 50 provided information on the number of persons unserved based either on waiting lists or on a recent needs assessment. Depending on the size and locality of the AAA, the number of persons unserved ranged from 6 to 1600.

UNMET NEEDS FOR CARE/CASE MANAGEMENT. Of the 119 AAAs responding to this question, 84 (70.6%) reported unmet needs for care/case management services, and 35 (29.4%) indicated no unmet needs. Of the 84 AAAs reporting unmet needs for care/case management services, 37 provided information on the number of persons unserved based either on waiting lists or on a recent needs assessment. Depending on size and locality of the AAA, the number of persons unserved ranged from 6 to 1700 individuals.

STATEMENT OF DR. DANIEL THURSZ

Dr. THURSZ. Mr. Chairman, distinguished members of the committee, the National Council on the Aging, which I chair, is pleased to join you in addressing the problem of implementing the Older Americans Act and the amendments of 1987.

With your permission, Mr. Chairman, I will submit a written testimony and simply highlight some comments, which I think are relevant to our discussion, supporting the comments of my colleagues representing both the State agencies and the AAAs.

Mr. DOWNEY. Without objection, your full testimony, and that of all witnesses who wish to summarize, will be entered into the record in its entirety.

Dr. THURSZ. Thank you, Mr. Chairman. In preparing for this testimony, we did two things. First, we were in touch with all of our units in the field, and the various national institutes, to try to get grass roots reactions to the Older Americans Act and the amendments and the way we're able to fulfill our mission.

Secondly, I went back to our files and found a letter which was written by my predecessor to Commissioner Carol Frazier Fiske on May 31, 1988, which I found fascinating because it represents so much of what ought to be said today and was said before.

So, again, with your permission, I'd like to submit this for the record.

We, obviously, at the time the 1987 amendments were passed, were faced with a very constrained view of our resources and our abilities to mount the kind of program that was envisioned in the act. You'll remember that this weighed heavily not only on Congress, but on all of us who were testifying at the time.

Mr. Chairman, I believe we're entering a new age—at least I hope so—in which some of our military expenditures will be reduced, and where once again there will be an opportunity to assess what we do with the resources of our country. Obviously, we have a deficit to handle, and I am not unaware of the tremendous demands that I made on you. I also recognize that there will be some kind of a peace dividend, and, therefore, some opportunity for us to set priorities in this country, especially priorities that deal with the welfare of our citizens.

I urge you to begin to look again at older Americans and their needs and the implementation of an act which suffers primarily not because of bureaucratic problems, suffers not because of lack of commitment on the part of Congress or the members of the aging network, but suffers primarily because of lack of funds.

I would like, with your permission, to just talk briefly about four or five items. First, let me talk about the concept of focal points. Focal points emphasize the need to try to match the resources of our country with the needs of individuals and recognize that for most of us, and for most older people, the delivery of service is a major problem. We have not yet found the way by which we can match resources to the needs of older people, many of whom are fiercely independent, proud of their ability to handle their own affairs, and we act only at times of crisis to seeking help from our system.

The focal point concept was designed primarily to make available a highly-visible facility where anyone in the community could obtain information and access to aging services. We still have a long way to go before we can really talk of having achieved that goal. It is a marvelous concept because it emphasizes neighborhood service. It emphasizes services where it is, in most cases, available to people who are known in the community by people who are known in the community.

NCOA is currently under contract with the Administration on Aging to provide technical assistance and training to State and area agencies on aging to develop and enhance focal points. During the first few months of our contract we were able to gather information. Again, what comes out clearly is the lack of funding as a major barrier. Facilities are needed. Buildings are needed. Operations have to be visible if they're going to be focal points. So we have a long way to go in establishing this emphasis, or this reemphasis, on a key element in the delivery of service to older people.

The second area that I want to talk about is health promotion. Again, NCOA, under contract from the Public Health Service, made probably the most comprehensive survey of health promotion activities of senior centers ever conducted. I have attached an executive summary of that study with this testimony.

What the survey indicates is that there was an enormous range of interest in health promotion programs by senior centers, a great majority of centers, many using Older Americans Act funds to provide one or more health promotion services, including nutrition classes, information on safe medication use, active no smoking policies, meals programs featuring low fat/high fiber and exercise classes, et cetera.

Again, we have a problem of funding. Let me point out that it is tragic that thousands of centers are offering useful, but very thin, preventive health services to the Nation's most-at-risk population. We spend about $200 billion in providing health needs to the elderly, and yet the allocation for health promotion services authorized by the Older Americans Act is $5 million, which is one-quarter of 1 percent of these outlays.

Yet, as you all know, study after study indicates that health promotion can, indeed, prolong life, permit much more healthy, active participation in society, and eventually reduces the cost of medical restorations. We urge that that program be considered for expanded authorization. In our view, we could spend $20 million in health promotion and do a job that will result in far greater longevity and, indeed, reduction of cost at the other end.

Let me talk briefly about rural services and emphasize the dangers and the difficulties that we face in addressing that population. Transportation is a major problem. My colleagues can speak more adequately than I can on that, but it is not only transportation. You are dealing with a dispersed community in which services cannot be provided in the same way as provided in intercity neighborhoods where we need to have the greatest imagination and, indeed, the greatest use of technology to make it possible for people to continue to age in place and to live with dignity.

I'm amazed at what has happened during the Greyhound strike during the past few weeks to older people who suddenly have been deprived, have been isolated, have been deprived of any opportunity to travel from hamlet to hamlet. That system is the only system available for many older people. Under the circumstances, they are facing a major, major difficulty. That is only one example.

The National Council on Aging agrees with my colleagues that we need to continue to target services to persons with the greatest economic and social need and especially to minority group older persons.

We salute the leadership given by Commissioner Berry in this regard. After a long period of silence, the Administration on Aging is acting decisively to require full accountability for more levels of the OAA network in establishing clear policy and in requiring that area agencies and service providers design effective strategies to deliver services. We compliment her.

The assessment of national unmet needs has been discussed. We simply want to reinforce the continuing need to monitor the progress we make, to monitor unmet needs, and to do the adequate action research to guide our work.

Finally, Mr. Chairman, I wish to talk about Title V, the senior community service employment section of the Older Americans Act which is so important to our Nation and which has been a program in which the National Council on the Aging has been involved for more than 20 years.

I want to emphasize that today's funding level really reduces our ability to provide the service needed to the population we had last year. As a result of the increase in minimum wage, and the lack of increase in funding, we will have to reduce the number of participants. What is most shocking is that this program which has been so successful in making it possible for older Americans who are poor and need to work—most of them women—this program will be reduced in numbers and still addresses only less than 1 percent of the eligible population.

It was created as an experimental program 20 years ago. It ought not to be an experiment anymore. It ought to begin to be an important, permanent part of the legislation by which we provide the opportunity for people to stay out of poverty, stay out of institutions, and become, to a far greater extent, independent. I want to recommend that you look specifically at the funding of Title V.

There are other issues that ought to be discussed, and we hope to come back to you with some specific suggestions. Let me simply emphasize a few items. The need for enhanced training funds for OAA network staff and managers, the requirement that transportation resources be increased for services in both urban and rural areas, the need to link housing programs to OAA activities.

We often forget that the homeless problem can only be solved, not by shelters, but by homes. That ought to be part of our cooperative work. The continued support for the advocacy laws of members of the OAA network, enhanced adult day care services until Title VI program for health care services in the home, the need for action on the 1991 White House conference on aging.

Mr. Chairman, I regret that despite your efforts, and despite the efforts of this committee, and our own testimony, the White House has been strangely silent on this important focal point for national policy and, finally, better ways of reporting on coordination of OAA programs with program services and organizations serving the physically and mentally disabled.

Let me compliment you, and the committee members, and the staff, for your interest in a comprehensive examination of the act and its conduct. We hope to be back with you with additional suggestions, and we thank you for your attention.

[The prepared statement of Dr. Thursz follows:]

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Older Americans Act Amendments
of 1987

Testimony of

Dr. Daniel Thursz

President

The National Council on the Aging, Inc.

Before

The Subcommittee on Human Services

of the

House Select Committee on Aging

March 27, 1990
Washington, DC

1950-1990
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A nonprofit agency working to improve the lives of Older Americans

TESTIMONY ON THE OLDER AMERICANS ACT AMENDMENTS
BY
DR. DANIEL THURSZ
PRESIDENT, NATIONAL COUNCIL ON THE AGING

MR. CHAIRMAN AND DISTINGUISHED MEMBERS OF THIS COMMITTEE, THE NATIONAL COUNCIL ON THE AGING IS PLEASED TO JOIN YOU IN ASSESSING PROGRESS IN IMPLEMENTING THE OLDER AMERICANS ACT AND THE AMENDMENTS OF 1987.

AS YOU MAY KNOW, MR. CHAIRMAN, NCOA IS AN UMBRELLA ORGANIZATION ENCOMPASSING NATIONAL MEMBERSHIP UNITS WHOSE MEMBERS PROVIDE SERVICES TO MILLIONS OF OLDER CITIZENS IN A WIDE VARIETY OF ACTIVITIES. A GREAT MANY OF THESE ACTIVITIES DIRECTLY INVOLVE THE RESOURCES OF THE OLDER AMERICANS ACT INCLUDING; TITLE V EMLOYMENT PROGRAMS, SENIOR CENTER SERVICES, COMMUNITY BASED SERVICES TO FRAIL OLDER PERSONS, MEALS PROGRAMS, HEALTH PROMOTION, ADULT EDUCATION, INTERGENERATIONAL EFFORTS AND SERVICES TO NATIVE AMERICANS AND TO BLACK, HISPANIC AND OTHER MINORITY OLDER PERSONS. OUR MEMBER AGENCIES ENGAGE THE CONTRIBUTIONS OF TENS OF THOUSANDS OF OLDER VOLUNTEERS SERVING OLDER PERSONS, YOUNG PEOPLE AND THEIR WIDER COMMUNITIES.

WE THINK THAT THIS BREADTH OF INVOLVEMENT OF OUR MEMBERS WITH THE OLDER AMERICANS ACT GIVES US A PERSPECTIVE WHICH IS UNIQUE IN THE FIELD. WE HAVE ASKED OUR UNITS FOR THEIR ASSESSMENT OF PROGRESS IN IMPLEMENTING THE AMENDMENTS AND WE WILL SHARE SOME PRELIMINARY FINDINGS WITH YOU TODAY. OVER THE COMING MONTHS, WE WILL BRING TO THIS COMMITTEE AND OTHER PARTS OF THE CONGRESS MORE

COMPREHENSIVE INFORMATION AND SPECIFIC RECOMMENDATIONS FOR AMENDMENTS TO THE ACT IN 1991.

MR. CHAIRMAN, BEFORE I COMMENT ON SPECIFIC COMPONENTS OF THE ACT, I WOULD LIKE TO OFFER A FEW THOUGHTS ON THE CRITICAL QUESTION OF RESOURCES TO CARRY OUT THE PROVISIONS AND GOALS OF THE OLDER AMERICANS ACT. THIS TIME, FOUR YEARS AGO, THE CONGRESS, OLDER CITIZENS AND AGING ORGANIZATIONS FACED THE DEAD WEIGHT AND CONSTRAINTS OF MOUNTING BUDGET DEFICITS AND THE THREAT OF SEQUESTRATION UNDER THE GRAM-RUDMAN BALANCED BUDGET ACT. THE NATION MAINTAINED A HUGE MILITARY BUDGET AND OUR TRADE IMBALANCE WAS GROWING.

THESE LIMITING RESOURCE FACTORS WEIGHED HEAVILY ON THE WORK AND THE VISION OF THE CONGRESS IN THE 1987 AMENDMENTS. ALTHOUGH GREAT NEED FOR EXPANDED PROGRAMS AND SERVICE SYSTEMS WAS DEMONSTRATED BY TESTIMONY BEFORE THIS AND OTHER COMMITTEES OF THE CONGRESS, THE RESPONSE IN THE 1987 AMENDMENTS SHOWS THAT BUDGET AND DEFICIT FACTORS WERE COMMANDING AND RESTRAINED AND NARROWED OUR VISION.

MR. CHAIRMAN, I HOPE THAT YOU AGREE THAT A NEW DAY IS DAWNING. THE DEFICIT, AS A PERCENTAGE OF GNP IS MARKEDLY DOWN. WE DO NOT HAVE A $300 BILLION SET OF ENEMIES. AT THE SAME TIME, WE ARE MAKING PROGRESS THROUGH THE WORK OF SUCH BODIES AS THE PEPPER COMMISSION TOWARD A MORE COMPREHENSIVE, RATIONAL AND EFFICIENT NATIONAL HEALTH SYSTEM THAT WILL ALLOW FOR NATIONAL AND PERSONAL SAVINGS WHILE ASSURING IMPROVED HEALTH SERVICES. THE DEMAND TO

END THE CHAOTIC AND EXPENSIVE WAY OF COPING WITH HEALTH NEEDS IS GROWING FROM EVERY PART OF OUR SOCIETY.

A MORE RATIONAL HEALTH SYSTEM WILL PROVIDE THE NEEDED COMMUNITY-BASED LONG TERM CARE ASSISTANCE TO THE FRAIL ELDERLY WHICH IS INCREASINGLY DRAINING SO MUCH OF THE RESOURCES OF INDIVIDUAL FAMILIES IN AMERICA AS WELL AS THE LIMITED FUNDS OF THE OLDER AMERICANS ACT AND THE NETWORK OF OAA AGENCIES.

MR. CHAIRMAN, I DON'T KNOW IF WE WILL SEE A PEACE DIVIDEND IN THE COMING BUDGET, ALTHOUGH I BELIEVE THERE SHOULD BE ONE. BUT I DO BELIEVE THAT THIS CONGRESS SHOULD BE LEGISLATING AS IF THERE WILL BE A GROWING LEVEL OF RESOURCES TO BE USED TO MEET URGENT DOMESTIC NEEDS. AND, AS YOU KNOW, HIGH AMONG THOSE NEEDS ARE SERVICES TO OLDER PERSONS AND THEIR COMMUNITIES AND NEW AND EXPANDED OPPORTUNITIES FOR OLDER PERSONS TO CONTRIBUTE TO THE COMMONWEAL THROUGH WORK AND VOLUNTEER COMMUNITY SERVICE. THE OLDER AMERICANS ACT IS THE NATION'S MOST COMPREHENSIVE VEHICLE TO ASSURE A GOOD LIFE FOR OLDER PERSONS AND IT DESERVES FULL BUDGET AND INTELLECTUAL SUPPORT BY THIS BODY. NCOA IS PREPARED TO ASSIST IN THAT PROCESS TOWARD AN EXPANDED VISION OF HOW THE ACT CAN BE IMPROVED AND BETTER TARGETED TO THAT GOAL.

FOCAL POINTS

MR. CHAIRMAN, IN THE 1987 AMENDMENTS TO THE OAA THE ROLE OF THE COMMUNITY FOCAL POINT WAS AGAIN EMPHASIZED AND THE SUBSEQUENT REGULATIONS PROVIDED FURTHER CLARIFICATION ON CONGRESSIONAL INTENT TO ESTABLISH IN EACH COMMUNITY A VISABLE FOCAL POINT OF

CONTACT, PRINCIPALLY AT SENIOR CENTERS, WHERE ANYONE CAN GO OR CALL FOR HELP, INFORMATION AND REFERRAL ON ANY AGING ISSUE. DESPITE THIS MANDATE, WHICH HAS BEEN IN THE LAW SINCE THE 1978 AMENDMENTS, MANY COMMUNITIES ARE STILL STRUGGLING TO UNDERSTAND AND IMPLEMENT THE FOCAL POINT CONCEPT.

NCOA CURRENTLY HAS AN ADMINISTRATION ON AGING CONTRACT TO PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO STATE AND AREA AGENCIES ON AGING TO DEVELOP AND ENHANCE FOCAL POINTS. DURING THE FIRST FEW MONTHS OF THE CONTRACT, OUR ADVISORY PANEL SURVEYED AAAs AND SENIOR CENTERS AND OBTAINED INFORMATION ON THE BARRIERS TO IMPLEMENTING THIS LAW. WHILE IMPLEMENTING FOCAL POINTS IS TECHNICALLY AN ORGANIZATIONAL AND ADMINISTRATIVE FUNCTION REQUIRING NO NEW SERVICES, LACK OF FUNDING IS STILL CONSIDERED THE MAJOR BARRIER. THE FACILITY IS A KEY COMPONENT TO THIS CONCEPT, LACK OF FUNDS TO PURCHASE, RENT OR RENOVATE A BUILDING WERE CITED CONSISTENTLY BY AAAs AS BARRIERS. FUNDING FOR AAA STAFF TO WORK WITH COMMUNITY LEADERS TO DEVELOP OR EXPAND FOCAL POINTS AND FUNDING FOR FULL TIME STAFF, AND THE TRAINING OF THOSE STAFF WERE ALSO COMMON CONCERNS. LACK OF EXPERTISE AND FUNDS TO DO EFFECTIVE PUBLIC INFORMATION WORK WERE ALSO BARRIERS TO THE IMPLEMENTATION OF FOCAL POINT SYSTEMS.

TODAY, WITH THE INCREASE OF BOTH PUBLIC AND PRIVATE SERVICE PROVIDERS, EACH WITH DIFFERENT ELIGIBILITY REQUIREMENTS AND APPLICATION PROCESSES, THE ACCESS ROLE OF THE FOCAL POINT IS

CRUCIAL TO THE FUNCTIONING OF A COMPREHENSIVE COORDINATED SERVICE DELIVERY SYSTEM. WE CAN ONLY GUESS AT THE "KNOWLEDGE GAP" BETWEEN THE OLDER CONSUMER AND AVAILABLE SERVICES. INCORPORATING A MEASURE OF CONSUMERS' KNOWLEDGE OF SERVICES INTO AAA NEEDS ASSESSMENT WILL HELP TO DEFINE THE EXTENT OF THE PROBLEM AND FOCUS ATTENTION ON THE IMPORTANCE OF THE ACCESS ROLE THAT THE FOCAL POINT SHOULD PLAY.

OUR CONTRACT REPRESENTS THE FIRST NATIONAL EFFORT BY THE ADMINISTRATION ON AGING IN NEARLY TEN YEARS TO EXAMINE AND PROMOTE THE DEVELOPMENT OF FOCAL POINTS. MANY STATE UNITS AND AREA AGENCIES ON AGING HAVE NOT PLACED APPROPRIATE EMPHASIS ON THE ROLE OF FOCAL POINTS WITHIN THEIR SYSTEMS DEVELOPMENT. LACK OF GUIDELINES, BUDGET FLEXIBILITY, AND TRAINING HAVE LET THE CONCEPT OF THE COMMUNITY FOCAL POINT FALL BY THE WAYSIDE. IT IS IMPORTANT THAT THERE BE APPROPRIATE FOLLOW-UP TO THE AOA WORK ON FOCAL POINTS TO ENSURE THAT THE STRATEGIES DEVELOPED BE IMPLEMENTED AND THE MATERIALS DEVELOPED BE UTILIZED. WE CONSIDER THIS CONTRACT A FIRST STEP IN THE RESURRECTION OF THE FOCAL POINT AS A PLACE TO COORDINATE AND HOUSE SERVICES MAKING IT EASIER FOR THE CONSUMER TO FIND OUT ABOUT SERVICES AND OPPORTUNITIES. EQUALLY IMPORTANT, THE FULL UTILIZATION OF SENIOR CENTERS AS FOCAL POINTS WILL RESULT IN GREATER EFFICIENCIES IN THE USES OF PUBLIC FUNDS AND INCREASED COMMUNITY VISABILITY FOR THESE SERVICES.

HEALTH PROMOTION

THE 1987 AMENDMENTS PROVIDED A NEW AUTHORIZATION UNDER TITLE III FOR A NEW SENIOR CENTER HEALTH, EDUCATION AND PROMOTION PROGRAM. THIS NEW SECTION 143 SUBSTITUTED FOR TITLE VII OF THE OLD ACT WHICH HAD NEVER BEEN FUNDED AND MORE APPROPRIATELY, IN 1987 THE CONGRESS PLACED RESPONSIBILITIES FOR PREVENTION HEALTH SERVICES AT LOCAL AND SENIOR CENTER LEVELS.

LAST YEAR, UNDER A CONTRACT FROM THE PUBLIC HEALTH SERVICE, NCOA REPORTED ON THE MOST COMPREHENSIVE SURVEY OF HEALTH PROMOTION ACTIVITIES OF SENIOR CENTERS EVER CONDUCTED, I HAVE ATTACHED AN EXECUTIVE SUMMARY OF THAT SURVEY TO THIS TESTIMONY.

WHAT THE SURVEY INDICATES IS AN ENORMOUS RANGE OF INTEREST IN HEALTH PROMOTION PROGRAMS BY SENIOR CENTERS. A GREAT MAJORITY OF CENTERS, MANY USING OLDER AMERICANS ACT FUNDS, PROVIDE ONE OR MORE HEALTH PROMOTION SERVICES INCLUDING NUTRITION CLASSES, INFORMATION ON SAFE MEDICATION USE, ACTIVE NO SMOKING POLICIES, MEALS PROGRAMS FEATURING LOW-FAT, HIGH FIBER FOODS AND EXERCISE CLASSES. MOST OF THE SURVEYED CENTERS SAID THEY WOULD EXPAND AND EXTEND THESE SERVICES IF THEY COULD FIND ADDITIONAL FUNDING.

UNFORTUNATELY, THE SECTION 143 HEALTH PROMOTION AUTHORITY ADDED TO THE ACT IN 1987 WAS TO BE FUNDED AT AN ANNUAL LEVEL OF ONLY $5 MILLION, BUT IS CONTINGENT ON THE SECTION 145 TRIGGER. UNDER SECTION 145, THE HEALTH PROMOTION ACTIVITIES, AS WELL AS OTHER 1987 INITIATIVES, COULD NOT BE FUNDED UNLESS THE AGGREGATED BUDGETS OF THE FORMER TITLES III, IV, V AND VI PROGRAMS WERE

INCREASED BY 5% OVER ANY PREVIOUS YEAR. BECAUSE OF BUDGET CONSTRAINTS, THIS HAS NOT OCCURRED.

WHAT IS TRAGIC IS THAT THOUSANDS OF CENTERS ARE OFFERING USEFUL BUT THIN PREVENTIVE HEALTH SERVICES TO THE NATION'S MOST AT-RISK POPULATION. UPWARDS OF $200 BILLION IS SPENT ON THE HEALTH NEEDS OF THE ELDERLY. THE $5 MILLION AUTHORIZED FOR OLDER AMERICANS ACT HEALTH PROMOTION SERVICES IS 1/250th ONE-QUARTER OF ONE PER CENT OF THESE OUTLAYS.

MR. CHAIRMAN, WE URGE THAT YOU AND YOUR COLLEAGUES REVIEW THIS PROGRAM MORE EXTENSIVELY IN THE COMING WEEKS AND CONSIDER AN EXPANDED AUTHORIZATION OF FUNDS IN THE NEIGHBORHOOD OF $20 MILLION. WITH SUCH FUNDS, SENIOR CENTERS UNDER THE OAA COULD DELIVER A SET OF DEEP AND EFFECTIVE HEALTH PROMOTION SERVICES THAT WOULD CUT INTO THE GROWTH OF THE TREATMENT BUDGET. AND, WE BELIEVE THAT OUR SURVEY SHOWS THAT MOST SENIOR CENTERS WILL BE ABLE TO MOUNT AN EXPANDED PROGRAM WITH ONLY LIMITED START-UP DELAYS.

RURAL SERVICES

SECTION 142 OF THE 1987 AMENDMENTS REQUIRED THAT STATE OAA PLANS MORE CLEARLY "DESCRIBE THE METHODS USED TO SATISFY THE SERVICE NEEDS OF OLDER INDIVIDUALS WHO RESIDE IN RURAL AREAS." THE NATIONAL CENTER ON RURAL AGING (NCRA) REPORTS TO US THAT RURAL OLDER PERSONS REMAIN UNDERSERVED AND THEIR PROGRAMS UNDERFUNDED. TRANSPORTATION COSTS CONTINUE TO DRAIN PROGRAM RESOURCES WHILE THE NEEDS OF INCREASINGLY FRAIL AND ISOLATED RURAL OLDER PERSONS MOUNT.

WE JOIN NCRA IN URGING A REVIEW OF STATE ALLOCATION FORMULAS TO DETERMINE NATIONAL POLICY TOWARD RURAL COMMUNITIES AND THEIR AGING NEEDS. WE SUGGEST CONSIDERATION BE GIVEN TO AUTHORIZING SOME DIRECT AREA AGENCY SERVICES IN RURAL AREAS WHERE OTHER PROVIDERS ARE NOT AVAILABLE. WE ALSO URGE A CONGRESSIONAL EXAMINATION, IDEALLY THROUGH THE GENERAL ACCOUNTING OFFICE, OF RURAL/URBAN COST DIFFERENTIALS ESPECIALLY IN SUCH CRITICAL AND LABOR INTENSIVE SERVICES AS HOME CARE FOR THE FRAIL AND FOR THOSE REQUIRING ESSENTIAL HEALTH COUNSELING AND SUPPORT TO PREVENT INSTITUTIONALIZATION.

TARGETING

NCOA CONTINUES TO SUPPORT THE TARGETING OF SERVICES TO OLDER PERSONS WITH THE GREATEST ECONOMIC AND SOCIAL NEED AND ESPECIALLY TO MINORITY GROUP OLDER PERSONS. WE SALUTE THE LEADERSHIP GIVEN BY COMMISSIONER BERRY IN THIS REGARD. AFTER A LONG PERIOD OF ARMS-LENGTH DISCUSSION OF THIS ISSUE, THE ADMINISTRATION ON AGING IS ACTING DECISIVELY TO REQUIRE FULL ACCOUNTABILITY FROM ALL LEVELS OF THE OAA NETWORK IN ESTABLISHING CLEAR POLICY AND IN REQUIRING THAT AREA AGENCIES AND SERVICE PROVIDERS DESIGN EFFECTIVE STRATEGIES TO DELIVER SERVICES. WE TRUST THAT A REVAMPED OAA REPORTING AND EVALUATION SYSTEM WILL DISCLOSE THE RESULTS OF THESE EFFORTS IN RESPONSE TO THE DIRECTIONS OF THE CONGRESS. HOWEVER, WITHOUT AN UPGRADING OF PROGRAM DATA IT WILL NOT BE POSSIBLE TO JUDGE THE OUTCOME OF COMMISSIONER BERRY'S EFFORTS.

IN ADDITION, SUCH IMPROVED DATA COULD ASSIST THE CONGRESS AND THE OAA NETWORK TO BETTER ASSESS THE DESIRABILITY OF ANY FORM OF COST-SHARING FOR TITLE III SERVICES BEYOND VOLUNTARY CONTRIBUTIONS IN THE MEALS PROGRAMS. THE NCOA MEMBERSHIP UNITS POLLED ON THIS QUESTIONS HAVE NOT REACHED ANY CONCENSUS. FOR A NUMBER OF OUR MEMBERS, THE ASSOCIATION OF COST SHARING WITH MEANS TESTING REMAINS A STRONG FACTOR IN REJECTING ANY CHANGES IN NCOA'S LONG-STANDING POLICY SUPPORTING NON-MEANS TESTED OAA SERVICES OPERATED WITHIN TARGETING CONSTRAINTS.

ASSESSMENT OF NATIONAL UNMET NEEDS, TITLE I, SEC. 111

NCOA SUPPORTED THE 1987 AMENDMENT REQUIRING AN ASSESSMENT OF UNMET NEEDS FOR SUPPORTIVE SERVICES, NUTRITION SERVICES AND MULTI PURPOSE SENIOR CENTERS. WE WORKED WITH REPRESENTATIVE SOLARZ AND HOUSE COMMITTEE STAFF ON THIS INITIATIVE. THE FINAL BILL CONTAINED A MODIFIED ASSESSMENT TO BE DERIVED FROM STATE AGENCY OAA REPORTS INSTEAD OF A NEW AND SPECIFICALLY DESIGNED INSTRUMENT. WE HAVE EXAMINED THE INITIAL REPORT ISSUED BY AOA PURSUANT TO SECTION 111. UNFORTUNATELY, PARTIALLY BECAUSE OF THE WIDE LATITUDE GIVEN THE STATE AGENCIES IN CATEGORIZING SERVICES AND THE NEED FOR ADDITIONAL SERVICES AND BECAUSE OF LIMITED INSTRUCTIONS TO THE STATES, THE REPORT REQUIRES ADDITIONAL INFORMATION IF IT IS TO BE OF DIRECT USE. AS AN EXAMPLE, THE REPORT DOES NOT PROVIDE AGGREGATED NATIONAL DATA ON UNMET NEEDS FOR SERVICES OR FOR NEW SENIOR CENTERS WHICH COULD FORM THE BASIS

FOR CONGRESSIONAL ACTION. NCOA AND ITS MEMBERSHIP UNIT, THE NATIONAL INSTITUTE OF SENIOR CENTERS, WILL CONTINUE TO OFFER ITS ASSISTANCE IN REFORMULATING THE DATA REQUIREMENTS FOR AN AMENDED REPORT. WE FEEL STRONGLY THAT CONGRESS SHOULD HAVE THE BENEFITS OF SUCH A REPORT AS IT CONSIDERS 1991 AMENDMENTS.

TITLE V, SENIOR COMMUNITY SERVICE EMPLOYMENT

IN 1987, THE CONGRESS PROVIDED RELIEF TO TITLE V CONTRACTORS IN REGARD TO ADMINISTRATIVE COSTS AND OTHER PROGRAM REQUIREMENTS. IN ADDITION, THE CONGRESS EXTENDED NATIONAL CONTRACTOR STATUS TO ORGANIZATIONS REPRESENTING NATIVE AMERICANS AND PACIFIC ISLAND AND ASIAN AMERICANS AND REQUIRED CLEAR AGE DISCRIMINATION IN EMPLOYMENT(ADEA) COUNSELING TO TITLE V ENROLLEES. NCOA SUPPORTED EACH OF THESE MEASURES.

THE GREATEST CURRENT NEED OF THE TITLE V PROGRAM IS THE SUPPORT OF THE CONGRESS TO INCREASE THE PROGRAM YEAR 1990-91 FUNDING LEVEL TO $415 MILLION DOLLARS, $58 MILLION DOLLARS MORE THAN THE CURRENT YEAR. TITLE V NEEDS THIS INCREASE NOT TO EXPAND, BUT JUST TO COVER THE INCREASED PER-ENROLLEE COSTS REQUIRED BY THE RAISING OF THE FEDERAL MINIMUM WAGE AND STATE WAGE STATUTES THAT WILL BE HIGHER THAN THE FEDERAL STANDARD. AT BEST, MR. CHAIRMAN, JUST MAINTAINING THIS PROGRAM AT A $415 MILLION LEVEL WILL ALLOW US TO SERVE LESS THAN 1 PER CENT OF ELIGIBLE PERSONS. THIS SUCCESSFUL PROGRAM DESERVES A LARGE INCREASE ABOVE THE BASIC MAINTENANCE LEVEL OF $415 MILLION. UNLESS THE CONGRESS ACTS QUICKLY, THOUSANDS OF TITLE V WORKERS

WILL BE RELEASED FROM THEIR TRAINING POSITIONS AND WILL LOSE OPPORTUNITIES FOR DECENT JOBS.

THAT, MR. CHAIRMAN, WOULD BE A SCANDAL.

IN ADDITION, WE HOPE THAT THIS COMMITTEE AND THE HOUSE AND SENATE WILL SUPPORT OUR EFFORTS AND THE EFFORTS OF MANY OF THE MEMBERS OF THE LEADERSHIP COUNCIL OF AGING ORGANIZATIONS TO MAINTAIN THE JOB TRAINING PARTNERSHIP ACT AS AN OLDER WORKER-SERVING PROGRAM. WE ARE URGING CHAIRMAN HAWKINS OF THE LABOR AND EDUCATION COMMITTEE TO SUPPORT A CONTINUATION AND EXPANSION OF THE OLDER WORKER "SET ASIDE" PROVISIONS OF THE CURRENT JTPA PROGRAM. THAT PROGRAM IS SPENDING A SIGNIFICANT $70 MILLION FOR WORKERS AGE 55+. HUNDREDS OF STATE AND LOCAL TITLE V PROGRAMS NOW DEPEND ON JTPA TO PROVIDE TITLE V ENROLLEES WITH THE SKILLS AND BASIC EDUCATIONAL SERVICES THEY NEED TO COMPETE FOR GOOD, PERMANENT AND ADEQUATELY COMPENSATED JOBS.

MR. CHAIRMAN, THERE ARE A NUMBER OF OTHER ISSUES WHICH WE HOPE TO BRING TO YOUR ATTENTION OVER THE COMING MONTHS. THEY INCLUDE:

- THE NEED FOR ENHANCED TRAINING FUNDS FOR OAA-NETWORK STAFF AND MANAGERS.
- THE REQUIREMENT THAT TRANSPORTATION RESOURCES BE INCREASED FOR SERVICES IN BOTH URBAN AND RURAL AREAS.
- THE NEED TO LINK HOUSING PROGRAMS TO OAA ACTIVITIES.

- CONTINUED SUPPORT FOR THE ADVOCACY ROLES OF MEMBERS OF THE OAA NETWORK.
- ENHANCED ADULT DAYCARE SERVICES UNDER THE OAA TITLE III PROGRAM FOR HEALTH CARE SERVICES IN THE HOME.
- THE NEED FOR ACTION ON THE 1991 WHITE HOUSE CONFERENCE ON AGING.
- BETTER WAYS OF REPORTING ON COORDINATION OF OAA PROGRAMS WITH PROGRAMS, SERVICES AND ORGANIZATIONS SERVING THE PHYSICALLY AND MENTALLY DISABLED.

IN CLOSING, LET ME COMPLIMENT YOU AND YOUR STAFF FOR THIS EVIDENCE OF YOUR INTEREST IN A COMPREHENSIVE EXAMINTATION OF THE ACT AND ITS CONDUCT. AN EARLY IDENTIFICATION OF SHORTCOMINGS, ISSUES AND NEW DIRECTIONS WILL ASSURE THAT THE 1991 AMENDMENTS WILL RESTRUCTURE THE ACT TO MEET THE DEMOGRAPHIC REVOLUTION OF THIS DECADE AND THE NEXT CENTURY. PLEASE CALL UPON US AND OUR MEMBERS FOR ASSISTANCE.

THANK YOU.

AN ASSESSMENT OF HEALTH PROMOTION PROGRAMMING IN SENIOR CENTERS: PRELIMINARY RESULTS OF A NATIONAL SURVEY

The National Council on the Aging
National Center for Health Promotion and Aging
600 Maryland Avenue, S.W.
West Wing 100
Washington, DC 20024

June 21, 1989

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Table of Contents

Executive Summary iii

Introduction. 1

Health Promotion and Aging: Background of Survey Development 2

Methodology 5

Survey Results 10

Research Issues, Needs and Next Steps 28

Notes 30

Appendices 32

Appendix

A	Senior Center Health Promotion Surveys I and II
B	Percentage of Senior Centers With/Without No Smoking Policy, Meal Service, Lowfat/High-fiber Meal Preparation Guidelines by Region, Setting, Daily Attendance, Income Level and Proportion of Minority Participants
C	Distribution of Senior Center Respondents' Preferences for Health Promotion Program Resources
D	Ratings of the Usefulness of Health Promotion Program Resources
E	Analysis and Discussion of Non-response and Disinterest in Rating Program Resources

AN ASSESSMENT OF HEALTH PROMOTION PROGRAMMING IN SENIOR CENTERS: PRELIMINARY RESULTS OF A NATIONAL SURVEY

Executive Summary

The National Council on the Aging's Center for Health Promotion and Aging recognized the need to assess the response of community-based organizations to the health promotion needs and interests of older adults. In early 1989, the Center conducted a survey of 400 randomly selected senior centers the 65 delegate council members of NCOA's National Institute of Senior Centers and the 18 delegate council members of NCOA's National Institute on Adult Daycare.

The survey response rate was 36 percent, comprising 169 senior centers. Because it was assumed that the geographic distribution of senior centers would vary, the survey sample was stratified randomly and selected by region from the NCOA mailing list of 14,000 centers. While the results show a slightly unequal distribution, all geographic locations and types of areas served were sufficiently represented. Almost half of the sample represented centers with 50 or fewer participants; almost 2/3rds reported that less than 10% of the people they served were members of a racial or ethnic minority; and half of the centers indicated that the older adults attending their center were predominantly low-income.

Key survey findings on health promotion needs and interests of the responding centers include:

- Most (88%) of the centers served meals to participants. Sixty-four percent of these centers serving meals reported having guidelines for low-fat, high-fiber meals.
- Seventy-five percent of the centers reported having a no smoking policy.
- Exercise classes were the most frequently cited programmatic activity reported (by 67% or 113 centers). The next most frequent were nutrition classes (43% or 72 centers), a one-time class on safe medication use (40%, or 68 centers), and a one-time class/discussion on injury prevention (35% or 59 centers).
- Information handouts were the most frequently identified programmatic activity, ranging from a high of 55% for nutrition to 16% for AIDS education/prevention. The next most frequent topics were safe medication use (49%) and preventive health services (43%).
- Almost a quarter of the centers offered: one-time classes on nutrition, stress management, psychological well-being, oral-dental health, coping with disabilities, foot care and/or preventive health services. A series of classes on preventive health services and an audiovisual presentation on nutrition were also offered at almost 25% of the centers.

- Survey respondents rated the following health promotion topics as most useful: stress management, coping and other mental well-being (24%); nutrition (16%); health problems or chronic diseases (15%); and preventive health (12%).

- Fifty percent of the respondents rated program kits for specific topics, program planning materials and educational brochures as the most useful health promotion program resources. Among the least useful were program evaluation, needs assessment and volunteer training materials and culturally specific materials.

These preliminary survey results suggest current trends in senior center health promotion programming and perceived needs among senior center directors for health promotion resources. They will be widely disseminated through the senior center and health promotion networks. Additional funding will be sought to refine the survey instrument and conduct a broader national survey.

THE NATIONAL COUNCIL ON THE AGING, INC.
Since 1950 working to improve the lives of older Americans
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May 31, 1988

The Honorable Carol Fraser Fisk
Commissioner
Administrating on Aging
Room 4760
330 Independent Ave., S.W.
Washington, D.C. 20201

Dear Commissioner Fisk:

This is the response of The National Council on the Aging to the proposed regulations for implementing the Older Americans Act of 1987 (the Act), P.L. 100-175 100 Stat. 926, 42 U.S.C. 3001, et seq., published March 29, 1988.

General Comments

NCOA commends the promptness of the Administration on Aging in issuing these proposed regulations. We also compliment you and your staff for the open exchange of views on the regulations which has marked this process.

In our testimony before the Subcommittee on Human Services of the House Select Committee on Aging, we urged that Congress take early measures toward statutory simplification in the course of considering the 1991 amendments to the Act. We made this comment because we believe that Title III of the Act presents an almost unworkable complexity of competing priorities in the face of diminishing resources. Although we have some recommendations for changes, we believe that the proposed regulations will serve to provide important clarifications regarding the structure of the network created by the Older Americans Act to carry out these priorities.

Our comments regarding the proposed regulations are informed by the experiences and observations of several of our membership units, the National Institute of Senior Centers, the National Institute on Adult Daycare, the National Center on Rural Aging and the National Institute on Community Based Long-Term Care. These units have member organizations which are regularly engaged in service delivery under or related to Older Americans Act activities at state and local levels. Based on their experiences, NCOA strongly believes that the OAA regulations should continue to reflect the bi-polar goals of the Act -- to promote a balance between preventive assistance for the well and active elderly together with programmatic adjustment to marshall resources for the needs of the frail and disabled. This dual and reciprocal function is inherent in the Act and it represents the core of the nation's public policy thrust toward meeting the non-medical needs of the elderly. We believe that the 1987 Amendments and, in general, the proposed regulations preserve this construct.

Chair Barbara Sklar, 1st Vice Chair Frankie M. Freeman, Esq.
2nd Vice Chair James T. Sykes, Secretary Elva D. Walker, Assistant Secretary Sylvia Yuen, Ph.D.
Treasurer James Gunning, Assistant Treasurer James H. Agee
President Jack [illegible]

Specific Comments

In our April 26 testimony on the proposed regulations, we said:

"Structuring the State-Area-Community System

The proposed regulations clarify the structure and relationships of the Title III network. They reemphasize the primary state and area roles of planning, inter-agency coordination and linkages, resource marshalling, resource allocation, system monitoring, evaluation and advocacy. They reaffirm the continuing legislative intent that state and area agencies not be service providers, except in special circumstances formally approved by the state agency. And, for the first time, they focus attention on the statutory directive that area agencies designate community focal points for service delivery, with special consideration being given to multipurpose senior centers for this role.

Further clarification is added by focusing on the means for delivering needed services to older persons in their communities. The elements of a comprehensive and coordinated community-based system are well defined. And it is clearly stated that, "The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system."

Area Agency Plans and Activities

The proposed regulations specify that area agencies on aging should be the "principal agents of the state" to carry out the mission of developing or enhancing of "comprehensive and coordinated community based systems in, or serving, communities throughout the state." They also state that "Each area agency engages solely in activities which are consistent with its statutory mission as prescribed in the Act and as specified in state policies." They further state that "The state agency shall withdraw the area agency designations whenever it. . .finds that. . . activities of the area agency are inconsistent with the statutory mission prescribed in the Act or in conflict with the requirement of the Act that it function only as an area agency on aging."

The history of Title III contains many references to "bottom-up planning" as the basic planning mode of the program in order to focus on community differences as to resources and needs. This was reflected in the Act in Section 307(a)(1) which says that each state plan shall "contain assurances that the state plan will be based upon area plans developed by area agencies on aging within the State. . . " The language cited above could lead to the impression that "top down planning" is to be the new mode. The intent needs further clarification."

The overall impact of these sections on area and state agency missions helps to clarify relationships between state units and area agencies. At the same time, the proposed regulations introduce unnecessary rigidities which could lead to misunderstanding and conflict.

It is our reading of the Act that it creates a four-level planning, advocacy and service system -- federal, state, area and "community focal point" and other service providers. Title III requires the creation of planning and service areas which meet statutory definitions and which the state unit designates to develop OAA programs serving the citizens of the PSA. The state unit and the area agency are each the creature of the statute and neither depends on the other for essential legitimacy.

Thus, it would seem inappropriate to refer in these sections of the regulations to area agencies as "agents" of the state carrying out responsibilities of the Act if this implies that they are creatures of the state. In the same regulations (1321.53(a)), the area agencies are described as carrying out their mission "under the leadership and direction of the State agency on aging." It would be more fitting to refer to "supervision" and "monitoring" by the State agency as the area agency fulfills its obligations under the state and area plans.

NCOA believes that the function of regulations is to clarify and execute the intent of the Congress in implementing the Older Americans Act. The history of the Act shows that the Congress decided to create a planning and service system at the state and local areas which was dynamic and reciprocal. While it is critical that the state agency (together with the Administration on Aging) provides clear policy leadership and carefully and clearly defines program goals and directions, it is also critical that the roles of the area agency are defined and protected. Those roles include advocacy, planning, the funding of services and the marshalling of additional supports and resources to meet the needs of the area's elderly. It is important that the area agency programs reflect not only national and state policy directions, but also the views and desires of older citizens affected by programs within the area. Especially in this sense, the area agency can not be a simple "agent" or creature of state government.

In short, NCOA recommends that the proscriptive aspects of the "mission" sections of the proposed regulations, redefining area agencies as "agents" of the state, under their "direction" be modified to reflect statutory intent of functional differentiation.

In the same regard, the regulations should be clarified as to the meaning of Section 1321.17 (Content of State Plan), paragraph (f)(1):

> "Each area agency engages solely in activities which are consistent with its statutory mission as prescribed in the Act and as specified in State policies under §1321.11."

This language, together with the language regarding the designation of area agencies (Section 1321.33) may present a dilemma which the regulations do not resolve. It appears to put at jeopardy those area agencies which, while executing their own OAA responsibilities, also draw significant additional resources. At what point would utilizing non-OAA resources be inconsistent "with their statutory mission. . . "? Would 1/3 of budget or staff from non-OAA sources constitute a shift from the area agency mission definition? It is important that the area agency which adequately executes its mandated OAA functional plan not be faulted for augmented activities. As this language stands, it may tend to limit and inhibit the area agency responsibility to maximize federal, state and local responses to the needs of older persons in their communities. Further, it should be clarified as to whether non-Title III resources secured by the area agency must be accounted for in the area plan.

Focal Points

The new regulatory language of Section 1321.53, Mission of the area agency, requiring the development or enhancement of "comprehensive and coordinated community based systems," is most welcome. This same section, for the first time, identifies the requirement of the Act that local programs have "designated focal points" which are the "facilities" established to "encourage the maximum co-location and coordination of services." The regulations continue to require that "special consideration shall be given to developing and/or designating multipurpose senior centers" as these focal points.

NCOA believes that this final link in the planning and service chain under the OAA is essential to the full development of an efficient and rational service system. Such focal point designation will help to clarify for all older citizens in the neighborhoods being served the resources available to meet their needs. Senior centers have been the setting for the most efficient organization of services and for the most sensible linkages to other services in the communities under OAA and other programs. While many multi-purpose senior centers are already performing these functions, this new and uniform national requirement will help structure this function where it does not exist and reinforce it where it does. The new rule should also be reflected in the future allocations of Title IV and state training, technical assistance and research resources to help support the development of local delivery systems.

NCOA believes that this section of the proposed regulations represents one of the most positive structural directions for OAA activities since enactment of the Act.

Advocacy Responsibilities of the Area Agency (1321.61)

This section of the proposed regulations adds new and welcome requirements for area agencies to take local leadership in directing resources to older persons with the "greatest economic or social needs." However, the language utilized ("local level," "community actions," "local government") appears to restrict, or direct, area agency advocacy only to local decisions and concerns. The Act contemplates a voice for older citizens, through their area agencies, in local, state and national issues affecting their lives. This section should specifically mandate "state and national" policies, programs, hearings, levies and "state and national" and community actions which affect older persons.

Subpart D, Service Requirements

Section 1321.63 lists the "service allotments" under Title III including two new programs: in-home services and preventive health services. While we understand AoA's position to not repeat in regulation what is clear in the Act, we believe that both of these newly authorized programs require additional elucidation.

The new Part D, Title III, "In-home Services for Frail Older Individuals," lists adult day care as "a respite service for families". NCOA, and its National Institute for Adult Day Care was instrumental in urging that adult day care be included as a service to the frail. However, although the provision of adult day care has a major respite effect on family caregivers, it also provides a defined range of specific long-term care services available through adult day care agencies in all states and regulated in 41 states. NCOA believes that Title III funded adult day care should meet minimum standards as developed by the National Institute for Adult Day Care, which serve as the basis for the regulatory activities of most states. Without such standards, the service may simply be a sitting service without direct benefit to the frail older persons concerned. We recommend that the proposed regulations be amended to define adult day care, and require that the NIAD standards be used as the minimum requirements.

Additionally, the new Part F, "Preventive Health Services," is an important new authorized initiative under Title III. However, the Act does not specifically require coordination or relationships with state or local public health authorities or with public health educational institutions. NCOA believes that such relationships would add important elements of content and coordination and should be mandated by regulations.

Service Contributions(1321.67)

We believe that this section, except as it applies to Title III-C, Nutrition Services, should be entirely deleted. The Congress has specifically extended this activity only to III-C services and, in fact, rejected in 1987 a proposal for "cost-sharing" of most Title III services at the House Subcommittee level. We believe that regulations should only implement what law authorizes and extending "voluntary" contribution schedules to all Title III services is not warranted. We are also gravely concerned with anecdotal information that "voluntary" contributions are mandatory in practice and are so viewed by many older persons. We expect that the Congress will return to this subject in the future and we suggest that AoA await such Congressional decisions.

Evaluation of Unmet Need (1321.52)

This new provision of law received wide support from those who are concerned with the deterioration of the Older Americans Act data base. Together with the enhanced data requirements of the state plan, the careful execution of this one-time-only initiative is critical to more-informed policy and program direction under the Act.

However, both the special Evaluation and the state plan requirements need guidance to indicate exactly what program user, provider and senior center information must be collected, sorted, stored and under what standards and methods.

Without such specific and timely guidance, the data may be of marginal use in reestablishing a national data base. It should be noted that the Conference Report of the 1987 amendments states (H 9752, November 9, 1987, CR), "The amendment also provides authority to the Commissioner to issue regulations to ensure the availability of data for carrying out the assessment, should the existing State plan requirements produce insufficient information. The conferees expect the assessment to (1) include, to the fullest extent possible, a geographical and statistical analysis of the unsatisified demand for supportive services nationally, particularly at multi-purpose senior centers funded under the Act and similar sites supported by other funding sources, and (2) contain specific recommendations on ways in whcih this unmet need can be filled."

These Congressionally mandated standards will require far more extensive guidance than offered in the proposed regulations.

Rural Concerns (Section 302; OAA; Section 1321.69)

The statute, in defining "greatest social need" (Section 302) includes "geographic isolation" as a defining circumstance. The proposed regulations, in identifying those who should receive priority in the provision of services, lists older person who are "frail, homebound or isolated."

The terms of "geographic isolation" and "isolated" clearly describe the circumstances of many rural older persons. In addition, "homebound" could include in its definition persons living in rural areas without any, or adequate, transportation services. The regulations should include guidance to agencies on aging and service providers that these terms are to be understood, at least in part, as describing the problems and needs of rural older persons and thereby help establish an appropriate priority for services for rural individuals. Without such clarification, rural programs and rural eligible older persons may tend to be shortchanged as the resource allocation process proceeds at the area level.

Elimination of Authority to Use Supportive Service Funds for Program Development (1321.17)

The revisions of the state plan regulations (Sections 1321.17) eliminates the authority of state units to permit area agencies to use service funds, above the administrative ceiling, for program development purposes. The existing authority permits the use of both nutrition and supportive service funds for this extra-ceiling purpose.

While this existing provision may possibly have contributed to excessive program development outlays when the administrative ceiling was set at 8.5%, the increase to 10% does not, in itself, warrant the loss of the waiver authority to the states. The Congress did not address this question when it raised the ceiling and such national uniform limits for these functions may not fit all circumstances. We favor retention of this authority by the states. However, we urge a further finding and certification by the state in the case of each waiver. Such a certification would show that the use of any funds above 10% for program development and/or coordination services was permitted only on the finding that the area's elderly population could expect an enhancement in services and/or benefits through additional resources or through improved coordination. Local agencies requesting such waivers above the ceiling would be required to show the use of such funds to accomplish such gains.

Coordination with Mental Health and Disability Activities

The Congress added numerous requirements for the Administration on Aging as well as state and local OAA programs to involve greater numbers of the mentally and physically disabled and to better coordinate OAA services with agencies and organizations serving such persons. The proposed regulations do not address this evident concern of the Congress. Revised regulations should reflect the state and area plan requirements which would implement such coordination and redirection of services.

Conclusions

We have been pleased, over the last months, to have been able to work with you and your staff in a growing collaborative spirit. Our comments on the proposed regulations are offered in this context. We hope that we will be able to continue to contribute to the design and development of Older Americans Act program initiatives through consultation with AoA and through the technical assistance, training and research activities of your office.

We appreciate this opportunity to comment on the proposed regulations.

Sincerely,

Donald F. Reilly

Donald F. Reilly
Senior Vice President

DR/ds

Mrs. **Slaughter**. [acting chairwoman] Thank you. Before we begin our questions, I'd like to recognize the presence of Congresswoman Pat Saiki of Hawaii; Congressman Harley Staggers, West Virginia; James Bilbray, Nevada; Peter DeFazio of Oregon; and James Clarke from North Carolina. Joe Kennedy was here.

I wonder if any of you have any opening statements that you'd like to submit for the record? Without objection, so ordered. You want to?

Mr. **Bilbray**. Yes. I just want to make a statement. I'm not on this subcommittee, but this is so important that I wanted to sit in for at least part of the testimony. I appreciate the chairman allowing me to sit in. Although I'm on the full committee, I'm not on this subcommittee.

Thank you.

Mrs. **Slaughter**. You're welcome.

Anyone else? Certainly, thank you for your testimony. Let me begin my questions with one or two personal things that I'd like to know about. One is I mentioned earlier that I had been able to get a couple of amendments into Title III. One of them allowed elderly persons who are on food stamps to be able to get community service work without jeopardizing those food stamps. I have not been able to get any indication on how that is working. Is it working well, Ms. Williams?

Ms. **Williams**. It is wonderful. I would hope that you could get an amendment in that would also exclude Medicaid.

Mrs. **Slaughter**. All right.

Ms. **Williams**. The food stamps and the subsidized housing disallowance have made a huge difference, especially under Title V where we had to really counsel people on what they would lose if they earned an income and what that would mean to them. We think it is wonderful. The food stamps exclusion and subsidized housing, if you could get Medicaid, because most of them are part-time workers and are not covered by any health insurance.

Mrs. **Slaughter**. That issue was brought to me by one of my county aging offices, and we were pleased to get that through.

The second question I need to ask of you all, if you'd let me be personal about this, is the other part of that amendment that we had that regional councils would be the ideal spot for screening for potential medical problems, believing that many elderly will not go to the doctor until they are forced to do it, knowing that that was the case with my own parents. If we could screen incipient problems, gall bladder disease, glaucoma, heart disease, other things, then it would be a proper place to do it. That was never funded. I'd like to have your opinion as to whether we were correct in our assumption that that would be a good place for that kind of screening to take place.

Dr. **Thursz**. I would think so by all means. There are some simple tests today that can detect disease early. Diabetes, for example, a blood sugar test can be given in seconds, and can begin to affect the way a person lives. I would urge that that be done in senior centers and other facilities.

Mrs. **Slaughter**. How serious a problem do you see the Medigap insurance issue?

Ms. **Williams.** I think the remarks you made in your opening statement are very true. Our area agency on aging has been open since 1977. Since that time, one of the main issues, and one of the main jobs of one worker is to review insurance policies with older people. We have developed charts that show where the duplication of services are. We've had people who are on Medicaid who were paying premiums for Medigap insurance.

We worked with the Underwriter's Association and have done a great deal on insurance, but it takes—we have a lot of volunteers that have been trained through the MAX program. We also have this one worker. She'll come in, and she'll sit down, and someone will bring in shoeboxes filled with paper. They're spread on a whole table. It takes hours, and you have to be a detective. It is so important that people have some way to understand what their policies are.

We also have a chart which shows the dollar returned by an insurance company for the premiums paid. Once a person can see, "Well, every dollar I spend, I get 94 cents back, or 50 cents back," it's a great help in showing people what insurances they should have. I think if there would be any way that we could provide more funding to help that happen as part of a normal outreach or services program—we've done it since 1977.

Ms. **Otwell.** I'd like to add just the fact that I think that providing the entire insurance picture for older persons is a very important kind of benefit and there is a need for that because they either can't access some services that are available to them because they have already paid for their insurance policy or they are doublepaying. In addition, there is the whole issue of long-term care insurance, Medigap insurance, just their Medicare bills—I think, too, as we look at that we ought to look at the whole issue of how you can involve technology nowadays. It can be helpful, but it can't replace one on one.

Mrs. **Slaughter.** What do you think that the cost sharing would achieve?

Ms. **Otwell.** I think cost sharing would achieve two or three major things. Obviously, it is one way to increase some resources into a particular service. It is a way to really increase the number of individuals who have access to that service. As you go up the scale, it might not otherwise be available to them. I think there are certain services that probably we would want to keep available to all older persons, but there are certainly a number of Title III services that we might want to take a look at in terms of putting a cost sharing mechanism in place.

Mrs. **Slaughter.** Ms. Otwell, would you address problems that we hear about from ombudsman policies? Sometimes there are confidentiality problems and access to the files. Have you had any troubles with that?

Ms. **Otwell.** Well, of course, the 1987 amendments gave States a great boost in their ability to go to their own State legislatures. There are many things in those amendments which States must assure, such as the access to the facilities and the records, such as the provision of legal services for the ombudsman, and the provision of penalties for those facilities, and safety provisions.

We are working very hard with our legislatures and with our Governor's offices and our fellow sister agencies in State government to implement those. The more we can do that, the stronger those programs will be. There are probably going to be some other areas that we might want to take a look at to strengthen those things as we see how States have already implemented the 1987 amendments.

Mrs. SLAUGHTER. In that regard, do you support giving long-term care ombudsman authority to file suit on behalf of clients?

Ms. OTWELL. Individual long-term care? We haven't, as an organization, taken a position on that particular thing. I do think that many of the States do contract out for private ombudsman. In our own State, we would prefer to work, obviously, in a positive way with resolving complaints. I do realize sometimes that is not possible.

Mrs. SLAUGHTER. Mrs. Williams is my neighbor, of course. You know everything is up to date in New York. I'd like to follow up on your question of unmet needs. I'm appreciative that you did your own study, and we shall all look at that. Do you think that conducting a significant and useful unmet needs study at the Federal level is just not possible?

Ms. WILLIAMS. I think that anything is possible if you set up the structure appropriately. I think that one of the frustrating things over the years has been the tracking of information, using the same definitions, the collection of the data, and one place to do that. I think that it will take us time to do that, but I think that the field will be very cooperative. We get so many surveys, you know, you feel like, "Oh, here is another one." This one will help us plan our programs. It will help us allocate our funds, and it will help, we think, sell to Congress and funding sources that we need more money. I think it can be done, but I think that we need a national database, a collection process that uses the same definitions.

It is like adding apples and oranges. My definition of transportation is a one-way trip, and somebody else's is 1 mile. You have to have the same definitions. That's the core of the problem.

Mrs. SLAUGHTER. In section 307(a), it says that no direct services will be provided by State or area agencies unless the provision of the services inadequate. How do you determine whether or not to provide those services?

Ms. WILLIAMS. Well, my own area agency is in a very rural area. We do many direct services. Again, it has to do with agencies to contract to, but even more than that it has to do with funding. In New York State, we have single county area agencies. My III-B funding for everything, administration, all III-B services is $57,000. That's to pay salaries, rent, telephones, and we have five phone companies, and our telephone bill is $1,000 a month. Every place is long distance. It has to do with funding.

Also, we have established some agencies ourselves that we have turned into 501(c)(3)'s, pushed out, and then contracted with them. The minimal part of the contracting funding is III-B. Most of it comes from other sources. There just is not enough money to do that.

Ms. OTWELL. I think I'd just like to add that that, too, is dependent upon State policy. They do try to set some policy on that.

Ms. WILLIAMS. And we do have to request a waiver to do any program to prove—there is criteria to prove that there is no other agency available to do it.

Mrs. SLAUGHTER. Dr. Thursz, we want to offer you our condolences on the death of Geneva Mathiasen. We appreciate you being here this morning.

There are couple of points that I want to make. First, you mentioned lack of training staff. The issue of planning training money always arises. One of the criticisms with regard to the SSI outreach program is that they don't allow funds to be used for training outreach workers. How costly is it going to be to include a training program?

Dr. THURSZ. I have not costed it out. Let me indicate that one of the remarkable things about the aging network, as I've discovered it, is that it involves all kinds of people and has not been restricted to one professional group. I happen to be a social worker and have worked within social work circles most of my life.

What impresses me is that in the aging network, we have been able to use the skills of many professions, of many groups, volunteers, and people who have just graduated from the "university of experience." Those are very valuable people. Because we use people with varied backgrounds and with varied training, there is a constant need, it seems to me, to establish at least minimum standards for practice and continuing education.

I know I have not answered your question about how much it will cost, but I think the cost of turnover, the cost of burnout, the cost of inexperienced people not provided with sufficient knowledge to deal with difficult situations probably is far greater. So I would think that that ought to be a priority.

Mrs. SLAUGHTER. Congresswoman Saiki, do you have any questions?

Ms. SAIKI. First of all, thank you very much to the panelists for sharing your thoughts with us this morning. I would like to ask Mrs. Williams something. In your recommendations for the reauthorization, you indicate that the cost sharing and some of these other programs where you seek private funds that the money should be used to enhance programs and not to replace monies for Title III. Can you expand on that?

Ms. WILLIAMS. Under the Older Americans Act and the funding, there is very specific language which talks about targeting, utilizing your resources to help those most in need, minorities, low income, vulnerable, the very old, and the very frail. The dollars are such that if we want to also keep in the Older Americans Act that we serve all older people, that we need to take those dollars and target them, and yet we have another population. I would see that using cost sharing on certain services will help us serve that other population.

I don't believe that income has much to do with needs. It's the aging process and people who need services and help. If we could provide services to that wide spectrum of older people through cost sharing—my own experience, again, is in New York State where we do have a cost sharing, State-funded program of expanded services in the home.

We had a great deal of problems with that when we started. We built in many protections to protect low-income people, people who had major medical bills, housing bills, and that was all disallowed. What we found is that we have huge waiting lists. The elderly do not seem to have a problem with cost sharing as much as we did as agency people. We were very concerned. We're not bill collectors. There are enough safeguards built into this system to protect those who really cannot pay. The cost sharing is on a sliding scale, and no one has ever charged more than the actual service.

There is an inflation or a cost containment in the fact that the in-home services can only be charged at the rate of the Medicaid rate, so that we're not paying huge fees to provide those services. It has worked, but it was a little bumpy getting started, but it has worked extremely well. We find the older people who can pay are very willing to pay. Maybe they only pay a dollar an hour toward an $8 service, but they are paying something. We have no bad debt to speak of at all.

Ms. SAIKI. What do you do with the money now?

Ms. WILLIAMS. That goes right back into that program, and that is spent first again. Those funds are always, just like the contributions in the Older Americans Act funds, those funds are spent before Federal dollars or State dollars are spent and contained within that program to expand that program.

Ms. SAIKI. So you have to do a lot of accounting, don't you?

Ms. WILLIAMS. Well, that was one of the major issues that the agencies were really concerned about. It has worked out that once the system was in place, it has not been a major issue. We are used to the system of applying any donations or contributions to that program anyway. That is already built into the system. We send a bill out once a month.

Ms. OTWELL. We've had experience in Illinois for about 8 years with a primarily State-funded in-home care program which we have built in cost sharing. We have found that probably at least 33 to 35 percent of the people we serve now are low-income minority. Probably close to half are low income. The service is free below the poverty level and then begins to cost share.

It has enabled us to serve many more clients on that program and, yet because of the additional cost share which the clients give, it has also enabled to target, of course, on the low-income minority elderly. We have found that once you get the system in place the billing problems are not that insurmountable.

Ms. SAIKI. I'd like to ask one broad question, and ask your response. It is a little bit of a curved ball. Listening to your testimony, the plea is unanimous—funding. We need more money. We need more money. Let's say we were to get $100 million out of the so-called peace dividend, which most of us are really wondering about at this stage of the game.

Let's say Santa Claus came in and gave you $100 million. What would you do with it? In other words, of all of the programs, or all of the titles within this act, where do you think we should focus? What would be your number one and number two priorities?

Ms. OTWELL. Mine would probably be in-home services. It is very important for the network to keep in-home and community-based services. It is very important for the network to build in services that keep an older person as independent as possible as they move toward the need for long-term care.

My second would be in the area of access services, considering transportation as an access service. Individuals need very much, again, to maintain their independence, and they need access to the services that are available.

Ms. WILLIAMS. I guess I would have to echo Janet. The in-home services, especially for the isolated and the very frail elderly where there is very strong care management component, so that someone is looking at the total individual and the total needs, that we don't solve one problem and completely ignore another one.

The second issue definitely would be access. That would include transportation, which is a huge—again, my own philosophy is that I think we made a very large mistake in including transportation in the Older Americans Act. I think we should have used our energies and resources to make the departments of transportation do their job. A great deal of Title III money goes to transportation because there was nothing else. We really should put our efforts toward the Department of Transportation and make them meet the needs of all people, especially older people and in rural areas, too.

The other one is outreach because we find many people cannot leave their homes, and we need to get into those homes and really do a good assessment and help those people know what services are available and what their rights are.

Dr. THURSZ. Well, you'll find agreement among us. I would argue for access for those elements that prevent isolation and neglect. That means access. It means service. It means modern communication systems, and it also means outreach. Secondly, I would argue for the provision for the kind of care that maintains independence, such as home care, possibly health promotion. If I was given a third, I would talk about the whole area of equipment and training of staff to lower turnover and to build up a new generation of committed people to serve the cause of aging.

Ms. SAIKI. Well, I think my time is up. Thank you very much for sharing your thoughts with us.

Mrs. SLAUGHTER. Thank you, Congresswoman.

Congressman Staggers?

Mr. STAGGERS. Thank you, Mrs. Chairman.

Dr. Thursz, you mentioned something early that I'd ask your other two colleagues to comment on. In fact, you said that they may want to comment on it. Since you were last, they didn't get a chance to comment on it. It was the rural situation.

I know Ms. Williams has touched on that somewhat. If you want to elaborate on that. I'm from the second most rural district in the United States, and so I'm very concerned about that. I'd give each one of you a chance to, if you want to, elaborate a little bit more about the problems in rural areas. You mentioned transportation. I'm sure there are some others that Ms. Williams may want to talk about.

Dr. THURSZ. Again, you are lucky to have people who are dealing with that problem every day. The rural setting is neglected by all of us because we deal with what is most approachable and most easy to handle, and so we avoid it. Transportation is only one problem. We talked before about access.

You know, probably better than I do, of the number of rural hospitals that have been closed for lack of health care in rural communities. The problem of homelessness in rural communities, which is, again, not visible, not reported in the Washington Post, but a serious scandal. The inability for us to reach out—the cost, obviously, is higher. We testified this morning about the communities that have five older persons. You obviously can't set up a focal point to serve five people, yet we need to be far more imaginative, and we need your support, financially and otherwise, to find ways of reaching those people.

I'll let my colleagues add to it.

Ms. **WILLIAMS**. I think that there are major problems in all areas of this country, whether they are urban or rural. I think some of the problems are the same, but then there are some that are very unique to rural areas. There are many positives to rural areas. There is still a great neighborliness, knowing each other, taking care of each other, so I think that if you put that in the context of we do have knowledge of each other, we're not living in apartments or away from each other, there is a great caring that goes on in rural areas where people do take care of each other.

How do you enable that to continue? What kind of programs do you build that build on that? There have been many programs across the country where you don't have a congregate meal site or can't get a home-delivered meal out because it is 25 miles away, and you can't send a driver in a van. There are programs where neighbors have been given the wherewithal to cook for a neighbor. If they're going to have a main meal, cook one for your neighbor and deliver it.

In our desire to be sure that everything is done well, and money is spent well, sometimes we go overboard, and we design for the worst case. Instead of saying, "How can we help a neighbor or a family be good to an older person and help them meet their needs?" I think you could really look at rural areas and say, "Okay, what is it that we could do? Could we give commodity foods to this neighbor if she'd cook for the next-door neighbor?"

We have a volunteer transportation program in our county where we have 150 volunteers who last year drove 90,000 miles taking people to doctors appointments. We have no ability to pay for vans, drivers, and insurance to do that, but we were able to tap the neighborliness, and we pay them 20 cents a mile. They use their own car. They sit for 5 hours at a doctor's office. We don't get charged.

How can we look at what we've got that's good and make that work? I think we have to take it out of a bureaucratic thinking that everything is always the same, and there is only one way to do it. You have to be so careful. I think we could trust people a little more and help them do things for each other.

Ms. **OTWELL**. Could I ask the Congressman, were you kind of questioning us on maybe getting funding out of the peace dividend and how we viewed that?

Mr. **STAGGERS**. Actually, anyway you want to go. In fact, I'm going to have a follow-up for Ms. Williams. It's an open question. It's a softball question. You can go anywhere you want with it.

Ms. **OTWELL**. I think those of us who have been active with State legislatures realize that it is real hard to transfer—you know, if you have a savings in your education line, it is real hard to get it and move it over into your public aid line or whatever. There are other means, I think, for those of us in the aging network to take if, indeed, there is in the future any kind of a peace dividend.

I think the aging network has to look at the fact that we are really serving not only the elderly, but the families of the elderly. We have many older people who are 70 taking care of older family members who are 90. This is a family problem. The whole health insurance, long-term care insurance is a family problem. If we are going to have any kind of a peace dividend, certainly some of it should go to the way we care for our families.

However, on the other hand, I don't think any of us, either in Government or out, can sit back on our haunches and not advocate for more funding for our human service needs in this country regardless of where the funding is coming from because it is badly needed.

Mr. **STAGGERS**. I agree. I think most people would agree. You won't get an argument that we don't need more funding. Where the argument will start, which I disagree with, I think you have to set priorities. I think this has to be a priority. I think that's where it happens is where our priorities are.

Let me follow-up with Ms. Williams. You mentioned that we have to trust people more. That's a great idea. How do we do that with reauthorization of the Older Americans Act? Can you think of a specific way which we could, you know, maybe help shape this that would make it easier for people to trust people?

Ms. **WILLIAMS**. By keeping the flexibility in the act so that locally you can determine what works locally. That is very important. The second thing is look at respite. Now we all know that if we could extend the time families can care for people that that will cut costs, and it will be a better life. It is what we want for ourselves. Why do we say that the only way that you can receive respite funding is one model? I mean, many programs come down and say that you have to hire our worker, or you have to send your mother to this nursing home, or whatever.

We've had a pilot program where we offered families options. Do you want a voucher? You go buy this service yourself. Do you want us to arrange an in-home worker? Do you want to us a neighbor, and we help you by checking and doing assessment while you're away with this neighbor? What will work for you? I think the flexibility within the act to utilize local resources, and understanding what goes on well in the local area, and saying "Okay, we trust you to provide the best services using the resources you have" that there is not one model.

I know we didn't say it here, but we really object strongly to percentages being allocated for a specific service. Nobody mentioned that, but the major issue is the legal services and making us have a certain percentage when we were doing things very differently all over our State and meeting the need as well as we are meeting most needs. To come in and say, "You have to spend this much money," when maybe you had pro bono and you had a lot of other things going on. That is what I mean about trusting and the interference or the setting of the guidelines so strictly from here. Trust local people because we watch each other. People can monitor each other very well.

Mr. STAGGERS. Then you're recommending that we keep the flexibility? Or are you saying that we need to put—

Ms. WILLIAMS. Absolutely.

Mr. STAGGERS. Do we need more flexibility built into the act?

Ms. WILLIAMS. I think it's there if we're allowed to us it. It is very often in the regulations. The act itself is very flexible. It is the regulatory process that is says that you must do this, this, and this. I think we have always had problems with the regulations.

Mr. STAGGERS. One last question. In your prepared testimony, you mentioned about a national database on aging and that you recommend a streamlining. I hear a lot of ideas that we should do this, but can you give me a specific idea of what you have about streamlining this? I mean, there are ways to do that by just cutting the money which doesn't answer the problems.

Ms. WILLIAMS. There was a national database that NASUA and NAAAA had together, and then the funding was cut, and it was dismantled. I think it was in the process of being refined. The technology was catching up so that we can do many more things. I think that if that was reinstituted and if you gave it to the State unit organization and the area agency organization, they can contact all their members and get tremendous response and support. Then you would have all of that information, and each year you could design, "What do you want to collect this year? What is it that's missing?" Just like we do with any needs assessment.

I really feel strongly that that should be reinstituted and possibly put in the act and be given to national organizations to operate it.

Mr. STAGGERS. Thank you.

Mrs. SLAUGHTER. Thank you, Congressman.

Congressman DeFazio?

Mr. DEFAZIO. Thank you. Ms. Williams, you mentioned transportation and the fact that you felt that we shouldn't be looking at transportation in the Older Americans Act and suggested that we should be looking at it under DOT. Since I sit on Public Works, and we are headed towards a service transportation reauthorization in the next Congress, I am just curious if you can develop that thought a little further.

Ms. WILLIAMS. There are many public dollars that go into public transportation. We need to look at equity. The dollars spent in rural areas, especially on paratransit system in urban areas to serve that population. Forty cents out of every gasoline tax dollar that goes to the Federal Government comes from rural areas. Rural areas get 1 cent back. Equity—give us 10 cents.

Access to those public dollars when you do not have public transit systems—lots of rural areas cannot support a public transit system, so how do you access those dollars that are available? You cannot get them because you are not a public entity. There isn't enough. Also, public transit systems like to go from A to Z the same time every day. In a rural area, you want to go to this place this day, this place this day, this place that day. It is coordination in dispatching. It is very different than public transit systems, and that is true of paratransit systems within urban areas.

What we need to do, again, is set priorities. When I made the remark about Title III, I don't know that we can ever get transportation out of it, but back in the early 1970s it is too bad it ever went in. We should have used our efforts to say to the State and Federal transportation department that we have an issue of transportation in these areas. There are some very interesting figures that we have spent about $23 per capita in an urban area of public dollars on transportation. In a rural area, it is about $1.10. Just equity. Again, allowing rural areas to set up systems that meet their needs and not say that there is only way to do it.

Mr. DeFazio. Right. That was going to be the follow-up which is the idea of the innovative ways in which we can provide the services. It is sort of leveraging money. It seems to me that there has been a problem off and on with some of the retired volunteer programs and whether or not the insurance coverage, and that. It seems that would be a fairly inexpensive way.

I mean, even short of full mileage reimbursement or anything else, just if the—would you agree with that? Could you—

Ms. Williams. Absolutely. We went to our volunteer transportation program because it took us to send a van from one area of our county where it was housed all the way across this county, picked up a person, took him back across the county into another county to a VA hospital where the van sat with a driver for 8 hours because when you go to a VA hospital they won't give you an appointment. You just go and wait.

Mr. DeFazio. I know about that problem, too.

Ms. Williams. Then you go back across. It cost us $177 to transport one man, and it tied up a van and a driver, and we said, "We don't have that kind of money." We went to our volunteer transportation program where people use their own car, they go sit and wait all day, and we just pay them 20 cents a mile.

Mr. DeFazio. And what about the insurance?

Ms. Williams. New York State has no-fault insurance, and we carry half a million dollars above because their own insurance has to go into place first. We tell the drivers that it is a risk, but the passenger does not cause the accident. You know, you could have your mother in the car, or you could have your neighbor in the car. Again, neighborliness—they do it.

Mr. DeFazio. Okay. That's an area I'd like to develop more.

Ms. Williams. Insurance is a major issue that if we could solve that problem, the liability issue, the way we did for not-for-profits, where we have many States now who have DNO liability that is kept very low. If we could do that for volunteers, that would be a major step.

Mr. DeFazio. I particularly liked, although my district is not quite as rural as representative Staggers', it is a very large district, I have seen in the past, having worked in the field, where sometimes we have, with new Federal programs, supplanted naturally-existing programs in rural areas in my State. We've got to be very sensitive to that.

Bringing in what are sometimes transitory Federal dollars for focused effort, and then we just drop the natural systems, and then suddenly there isn't any more Federal appropriation, and then we're left with nothing. I'm really intrigued with your ideas about trying to build on or accommodate the natural existing systems, particularly in the rural areas. I would be interested in any further ideas you have on that in the future.

I just wanted to ask one last question, again, of you because it has to do with the statistics that are provided on the unmet needs. I would like to reverse that, and I would like some information, if you could provide it to me or to the committee on the record, sort of the reverse of that. I'm curious what these AAAs, the 11.7 percent, that are meeting all the personal care services, how they are doing that. I would be curious what is working. What do they have that the other 88.3 percent don't have available to them? I assume it has pretty much to do with some targeted State efforts and that. On a number of these I am curious how some small percentage are able to meet, you know, the total need in areas where I see just a tremendous unmet need.

Ms. Williams. It would be interesting to know that. I'd like to know it, too. I think that it depends on how you measured need. If you only measured need for services you provide, if you have adequate funding through other resources, but is that really need that you don't have a program for. You know, if there is—like respite is a new program. Many places do not have formal respite programs. Maybe they have never measured the need, so they don't know there is a need other than guessing.

Mr. DeFazio. Sort of like the way they measure unemployment. You're only unemployed if you're eligible for unemployment benefits.

Ms. Williams. Yes.

Mr. DeFazio. If you're not eligible for benefits any more, then you're not unemployed any more, even though you don't have a job.

Ms. Williams. But that, again, really emphasizes the need for very good database collection, that we're all using the same definitions. That is always where it is. When you're using different definitions, you come up with answers that really don't mean anything.

Mr. DeFazio. Well, I recognize that. Perhaps, again, it is a definitional problem. I am curious if there is some little gem in here because we can all learn by what other people are doing. So if there is any way to query back to those, you know, 11.7 percent that are meeting all the needs in a couple of these areas, I'd be interested in their responses.

Ms. Williams. All right. We'll try to do that.

Mr. DeFazio. Thank you. Thank you, Mr. Chairman.

Mr. Clarke. Thank you, Mr. Chairman.

I'd just like to add a word in response to Dr. Thursz's comment about the part-time jobs for older Americans. I have two job corps centers in my district. I have been very impressed with the good work that the older Americans do on those part-time jobs at those job corps centers. I certainly would sympathize with increasing the funding for that program if it is going to be necessary to maintain the same numbers of people that work. I believe that is the point you made.

Dr. **Thursz**. Yes. The other point I try to make is that we are still barely touching the surface. We are only dealing with about 1 percent of those who might be eligible. When you begin to look in depth at the opportunity there is for this country to meet some of its labor needs through the employment of older people, especially those who have been marginal and who have not worked in the past, if we can provide them with literacy training, if we can provide them with some basic training, they can become part of the labor force and make significant contributions, both to the public and to the private field.

I think I've shared this with Congressman Downey. I was very impressed when we visited Bergdorf Goodman, the department store in New York which has taken some 75 of the people of the Title V—exempt employees, salespeople. This is not exactly a cheap store I am told. When I met with the president of the company, I asked, "Why was he so happy taking our people?" He said, "If I didn't, Macy's would," and he told me the story. He began by arguing one, they're dependable. They show up. They are far less absent than the younger people who work in that store.

Secondly, they show up at 7 o'clock, even though the stores don't open until 10 o'clock because they have breakfast offered in the cafeteria, and they make this their senior center. Thirdly, he said, "They are intensely loyal to the mission of the store." They believe in Bergdorf Goodman. Finally, and he whispered, he said, "And they don't steal." Again, it reflects the value system. It reflects the fact that they are happy to be working. You've got a whole group of people, millions of people who could be put to work and add considerably to the wealth and the ability of this Nation to maintain independence.

Mr. **Clarke**. Thank you for that very interesting comment.

Thank you, Mr. Chairman.

Mr. **Downey**. Thank you. Our next panel will be comprised of Samuel J. Simmons, president, National Caucus and Center on Black Aged, Inc.; David Affeldt, general consultant, Asociacion Nacional Pro Personas Mayores (National Association for Hispanic Elderly); and Curtis Cook, executive director, National Indian Council on Aging.

I would just ask that the members of the panel take 5 minutes on your testimony and summarize it. We'll start first with Mr. Simmons.

PANEL TWO, CONSISTING OF SAMUEL J. SIMMONS, PRESIDENT, NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC.; DAVID AFFELDT, GENERAL CONSULTANT, NATIONAL ASSOCIATION FOR HISPANIC ELDERLY, ON BEHALF OF CARMELA LACAYO, PRESIDENT, NATIONAL ASSOCIATION FOR HISPANIC ELDERLY; AND CURTIS D. COOK, EXECUTIVE DIRECTOR, NATIONAL INDIAN COUNCIL ON AGING

STATEMENT OF SAMUEL J. SIMMONS

Mr. **Simmons**. Mr. Chairman and members of the Human Services Subcommittee, the National Caucus and Center on Black Aged appreciates the opportunity to testify at this hearing on implementation of the 1987 Older Americans Act amendments. We shall approach this topic from the perspective of aged blacks. One of NCBA's foremost concerns is the appropriate and effective implementation of the targeting language for the Older Americans Act.

This targeting language basically has two key purposes. First, Congress inserted the language there because there are simply not enough resources to serve all elderly persons under the Older Americans Act in a satisfactory manner. Consequently, targeting language has been included to provide direction and to obtain more for each dollar expended. Second, the language recognizes that low-income, aged minorities have far greater need for supportive services than nonminority elderly.

NCBA strongly feels that the existing statutory foundation for promoting minority participation under the Older Americans Act is very solid. Major changes are not needed now because the existing targeting provisions are fundamentally sound. Obviously, some perfecting changes may be needed in the future, but the overall structure is well conceived and is supported by our organization.

The key issue, though, is the implementation of the language. The Administration on Aging must provide leadership and guidance for the implementation and enforcement of statutory provisions to promote minority participation. At this time, NCBA wishes to commend Commissioner Berry for her dedication and concern for improving minority participation under the Older Americans Act.

The recent AoA program instruction calls upon State units on aging to review their intrastate funding formula for purposes of promoting minority participation. AoA regional program directors will be available to assist State units on aging in making their interstate funding formulas more responsive to aged blacks and other low-income minorities as well as to promote guidance concerning whether the formulas are in compliance with the Meek versus Martinez decision.

Second, this subcommittee and the House Committee on Aging have a joint responsibility for monitoring the implementation of the targeting language and other provisions in the Older Americans Act. Other Congressional units have a similar responsibility, such as the Human Resources Subcommittee and the Senate Committee on Aging, and the Subcommittee on Senate, Labor and Human Resources.

Both the Human Services Committee and the House Committee on Aging have been very attentive to this topic in the past. We urge you to continue your past good works. We sincerely believe that if you and AoA continue to monitor the targeting language closely and effectively, there will be significant improvement in minority participation under the Older Americans Act.

Another closely connected issue concerns cost sharing for services. At the outset, NCBA wishes to stress that we are not necessarily opposed per se to these measures. We recognize that these efforts may be necessary because of budgetary constraints and shrinking dollars in a real sense. NCBA's concern, though, is that these means for raising or supplementing revenue may operate in such a way as to diminish aged blacks and other elderly minority participation.

Consequently, we urge that comprehensive studies be undertaken to ascertain the impact of cost sharing and fee for services for the low-income and minority aged. Some issues that need to be clearly reviewed and studied are: is the contention that cost sharing and fee for services generate additional dollars to serve low-income and minority elderly actually born out of facts?

NCBA has never seen any concrete data or study to validate this proposition. We are very concerned about the possible establishment of a two-tier system within the Older Americans Act based upon private/public ventures for the delivery of services. Is it possible to develop fee for services and cost sharing system and still preserve the anonymity of low-income persons and other minorities who may not be able to pay the suggested fee? Are there certain services that should be specifically exempted from any cost sharing or fee for services? Those are some questions that we'd like to have answers to.

NCBA would like to turn briefly now to Title V of the Older Americans Act. One recurring issue concerns the appropriate placement of this program. Congress decided, when it enacted the Older Americans Act, that the Department of Labor should administer this title because it is an employment program. The Department of Labor is, of course, the Government's lead agency on all employment issues. NCBA firmly believes that the arguments for maintaining the SCSEP programs in the Department of Labor are equally persuasive today and possibly more persuasive.

Consequently, we are opposed to transferring Title V from the Department of Labor to any other Federal unit. Another issue concerns the status of the participants in the SCSEP program. This matter has surfaced and become more prominent because other statutory enactments dealing with employee benefits have, in our view, unintentionally affected the SCSEP in a way which would substantially change its operation.

A classic example is the former section 89 of the Internal Revenue Code which would have affected part-time participants in the program if they would have been considered employees of the contracting agency. This provision would have driven up program losses to such an extent that thousands of enrollees would have been terminated.

Consequently, NCBA urges that existing regulations should clarify, or new statutory language should be developed that Title V participants are enrollees and not employees of the contracting agency. This would be an important step in eliminating possible future conflicts which may affect the cost for SCSEP and available position for Title V enrollees. Unfortunately, broad employee benefits may have an adverse affect on Title V that its sponsors never intended.

In conclusion, we want to express our deep appreciation to this subcommittee, and other subcommittees, for their efforts and their assistance in moving forward to improve the quality of life for older people in this country.

Thank you very much.

[The prepared statement of Mr. Simmons follows:]

TESTIMONY BY

SAMUEL J. SIMMONS
PRESIDENT
NATIONAL CAUCUS AND CENTER ON BLACK AGED

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES
HOUSE COMMITTEE ON AGING

ON

IMPLEMENTATION OF THE OLDER AMERICANS ACT AMENDMENTS OF 1987: THE AGING NETWORK

MARCH 27, 1990

Mr. Chairman and Members of the Human Services Subcommittee, The National Caucus and Center on Black Aged appreciates the opportunity to testify at this hearing on Implementation of the 1987 Older Americans Act Amendments. We shall approach this topic primarily from the perspective of aged Blacks.

A. Targeting Language

One of NCBA's foremost concerns is the appropriate and effective implementation of the targeting language for the Older Americans Act. For example, section 306(a)(5)(A)(i) directs area agencies on aging (AAAs) to develop plans which "provide assurances that preference will be given to providing services to older individuals with the greatest economic or social needs, with particular attention to low-income minority individuals". A similar mandate is provided for state units on aging under section 305(a)(2)(E).

This targeting language basically has two key purposes. First, Congress inserted the language because there are simply not enough resources to serve all elderly persons under the Older Americans Act in a satisfactory manner. Consequently, targeting language has been included to provide direction and to obtain more for each dollar expended. Second, the language recognizes that low-income aged minorities have a far greater need for supportive services than the non-minority elderly.

NCBA strongly believes that the existing statutory foundation for promoting minority participation under the Older Americans Act is very solid. Major changes are not needed now because the existing targeting provisions are fundamentally sound.

Obviously, some perfecting changes may be needed in the future. But, the overall structure is well conceived, and is supported by NCBA.

The key issue, though, is the implementation of the language. This must be examined from a couple of vantage points. First, the Administration on Aging (AoA) must provide leadership and guidance for the implementation and enforcement of statutory provisions to promote minority participation. At this time, NCBA wishes to commend Commissioner Berry for her dedication and concern for improving minority participation under the Older Americans Act.

The recent AoA Program Instruction (90-01), which was issued this past November, is one of the most positive developments for assuring greater equity for aged Blacks and other low-income elderly minorities under the Older Americans Act. The Program Instruction calls upon state units on aging to review their intrastate funding formulas (IFFs) for purposes of promoting minority participation. AoA Regional Program Directors will be available to assist state units on aging in making their IFFs more responsive to aged Blacks and other low-income elderly minorities, as well as to provide guidance concerning whether the existing IFFs are in compliance with the Meek v. Martinez decision.

Second, this Subcommittee and the House Committee on Aging have a joint responsibility for monitoring the implementation of the targeting language and other provisions in the Older Americans Act. Other Congressional units, too, have a similar duty - - such as the Human Resources Subcommittee of the House Education and Labor Committee, the Senate Committee on Aging, and the Subcommittee on Aging of the Senate Labor and Human Resources Committee. Both the Human Services Subcommittee and the House Committee on Aging have been very attentive, responsive, and effective in responding to the service needs of aged Blacks and other low-income elderly minorities. We urge you to continue your past good works.

We sincerely believe that if you and AoA continue to monitor the targeting language closely and effectively, there will be a significant improvement in minority participation under the Older Americans Act.

B. Cost Sharing and Fees for Services

Another closely connected issue concerns cost-sharing and fees for services. At the outset, NCBA wishes to stress that we are not necessarily opposed per se to these measures. We recognize that these efforts may be necessary because of budgetary constraints and shrinking dollars in a real sense. These developments have forced the aging services network to look for other sources of revenue or supplemental sources.

NCBA's concern, though, is that these means for raising or supplementing revenue may operate in such a way to diminish aged Blacks and other elderly minority participation. Consequently, we urge that comprehensive studies be undertaken to ascertain the impact of cost sharing and fees for services for the low-income and minority aged. Some issues that clearly need to be reviewed and studied are:

- **Is the contention that cost sharing and fees for services generate additional dollars to serve low-income and minority elderly actually born out by the facts? NCBA has never seen any concrete data or study to validate this proposition. We are very concerned about the possible establishment of a two-**

tier system within the Older Americans Act based on private-public ventures for the delivery of services.

- **Is it possible to develop fee-for-service and cost sharing systems and still preserve the anonymity of low-income persons and older minorities who may not be able to pay the suggested fee?**
- **Are there certain services that should be specifically exempted from any cost sharing or fee-for-service arrangement?**

C. Title V Senior Community Service Employment Program (SCSEP)

NCBA would like to turn briefly now to the Title V SCSEP. One recurring issue concerns the appropriate placement of this program. Congress decided when it enacted the Older American Community Service Employment Act that the Department of Labor should administer this title because it is an employment program. The Department of Labor is, of course, the government's lead agency on employment issues.

NCBA firmly believes that the arguments for maintaining the SCSEP in the Department of Labor are equally persuasive today, and possibly more persuasive. Consequently, NCBA is unalterably opposed to transferring Title V from the Department of Labor to any other Federal unit.

Another issue concerns the status of participants in the SCSEP. This matter has surfaced and become much more prominent because other statutory enactments dealing with employee benefits have, in our view, unintentionally affected the SCSEP in a way which would substantially change its operations. A classic example is the former section

89 of the Internal Revenue Code which would have affected part-time participants in the program if they would have been considered employees of the contracting agencies. This provision could have driven up program loses to such an extent that thousands of enrollees would have been terminated. Consequently, NCBA urges that existing regulations should clarify, or new statutory language should be developed to clarify that Title V participants are enrollees and not employees of the contracting agency. This would be an important first step in eliminating possible future conflicts which may affect the costs for the SCSEP and available positions for Title V enrollees. Unfortunately, broad employee benefit legislation may have an adverse impact on Title V that its sponsors never intended or expected.

D. Conclusion

In conclusion, NCBA commends the Human Services Subcommittee for conducting this hearing on Implementation of the 1987 Older Americans Act Amendments. You have performed a valuable service by providing an opportunity to take stock of what has occurred since the Congress enacted the 1987 Amendments. NCBA looks forward to working with the Subcommittee on Human Services and the House Committee on Aging to assure that the 1987 Amendments and other provisions in the Older Americans Act are appropriately implemented as Congress intended.

Thank you again for this opportunity to testify. I shall be glad to respond to any questions that you may have, Mr. Chairman, or from other Members of the Subcommittee.

Mrs. **Slaughter**. [acting chairwoman] Thank you, Mr. Simmons. Mr. Affeldt?

STATEMENT OF CARMELA LACAYO, PRESENTED BY DAVID AFFELDT

Mr. **Affeldt**. Thank you very much, Congresswoman Slaughter.

Members of the subcommittee on Human Services, as you requested, we shall keep our testimony brief. The National Association for Hispanic Elderly will devote its testimony primarily to issues affecting aged Hispanics and other elderly minorities under Titles III, IV, and V of the Older Americans Act.

Our first major point is that the targeting language for serving elderly persons with the greatest economic or social needs, with particular attention to low-income minority individuals, must be fully and effectively implemented. Aged Hispanics and other low-income older minorities have a need for services that is typically two to three-and-a-half times as great as for other older Americans.

One important reason is that their poverty rate is significantly higher than the nonminority aged. The aged Hispanic participation rate for Title III supportive services has been historically low, particularly when measured against need for services. For fiscal year 1988, for example, elderly Hispanics accounted for only 3.5 percent of all participants in Title III-B support services, 4.9 percent of those in the congregate meals program, and 3.9 percent of elderly persons receiving home-delivered meals.

In marked contrast, the aged Hispanic participation rate was 8.8 percent for the senior community service employment program for fiscal year 1988, more than twice as large as for supportive services and in-home meals, and nearly twice the level for the congregate meals program.

The association believes that some developments are already underway to increase minority participation under the Older Americans Act, Title III, supportive services and nutrition services program. The recent Meek versus Martinez decision is potentially a landmark case in the field of aging. It can have a major impact in assuring that elderly minorities are more equitably served under the Older Americans Act. The unmistakable message from this decision is that States without a minority factor in their interstate funding formulas clearly run a risk of having their interstate funding formulas, or portions of their formulas, overturned.

Another important and very positive development is that the new Commissioner on Aging, Dr. Joyce Berry, has made equitable treatment for aged minorities a priority issue. Dr. Berry's recent program instruction for State units on aging regarding the use of interstate funding formulas to promote minority participation and Older Americans Act programs can be especially helpful for aged minorities. We wish to commend Dr. Berry for her commitment and her positive actions.

The Older Americans Act already has numerous provisions to promote minority participation. These measures are more than ample to perform the task provide they are effectively implemented. The Meek versus Martinez case, and Dr. Berry's strong commitment to assure equitable treatment for older minorities, provide very positive signs that aged minorities will participate more fully in the supportive and nutrition services program in the future.

This subcommittee can perform a very valuable function by monitoring provisions to promote minority participation to assure that both the letter and the spirit of the law are fully carried out as Congress intended.

In the interest of time, I'm just going to skip over very briefly our testimony on Title IV, and then move forward to Title V.

Mrs. **Slaughter**. Your entire testimony will be entered into the record.

Mr. **Affeldt**. Great. I appreciate that.

Lastly, the association would like to comment briefly on the Title V senior community service employment program. We strongly urge that the senior community service employment program continue to be administered by the Department of Labor because Title V is an employment program, first and foremost. This issue was carefully considered when Congress wrestled with the question concerning the appropriate placement of a senior community service employment program. In fact, the initial legislation gave administrative authority to the then-Department of Health, Education, and Welfare.

However, experts in the field of aging, leading national senior citizen organizations, and others agreed that the senior community service employment program should be administered by the Labor Department because the primary focus was employment for older Americans.

A report by the national sponsors of the senior community service employment program for the House Committee on Aging entitled, "The Senior Community Service Employment Program: Its History and Evolution," provides a good summary of the rationale for the placement in the Department of Labor. We believe this rationale is equally persuasive today.

There is an old adage that you should not attempt to fix something if it is not broken, and this is particularly true for the senior community service employment program. Title V has been reviewed on several occasions by independent evaluators, and it has always received high marks. We, therefore, recommend that any future changes be fine-tuning measures rather than attempting to restructure the program.

One of Title V's primary goals since its inception has been to serve the low-income and hard-to-place elderly. Congressional sponsors developed Title V primarily to assist older Americans who were out of society's mainstream in terms of employment, skills, education, and economic status. The program has been extremely effective in providing a dignified means for disadvantaged older persons to help themselves while helping others in their communities at the same time.

We reaffirm that the senior community service employment program should continue to emphasize that low-income and hard-to-place older Americans are our primary targets for the program. One constructive way to clarify this important point is to insert language in section 502 stressing that the senior community service employment program is designed to serve unemployed, low-income persons 55 years or older, who have poor employment prospects.

This clause would help to clarify that Title V's primary focus is to help the most disadvantaged persons in our society.

In conclusion, the association appreciates the opportunity to appear before the Human Services Subcommittee. We believe that you have performed a valuable function in assessing the implementation of the 1987 Older Americans Act amendments and to provide a framework for guiding our Nation into the 1990s for responding to the needs of the elderly.

The association looks forward to working with you now, and in the future, on issues related to the Older Americans Act and other matters impacting on aging persons.

Thank you, again. We shall be glad to respond to any questions that you might have.

[The prepared statement of Ms. Lacayo follows:]

ANPPM
ASOCIACION NACIONAL PRO PERSONAS MAYORES

CARMELA G. LACAYO
President/CEO
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STATEMENT BY

DAVID AFFELDT

ASOCIACION NACIONAL PRO PERSONAS MAYORES
(NATIONAL ASSOCIATION FOR HISPANIC ELDERLY)

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES
HOUSE COMMITTEE ON AGING

IMPLEMENTATION OF THE OLDER AMERICANS ACT AMENDMENTS
OF 1987; THE AGING NETWORK

MARCH 27, 1990

National Association for Hispanic Elderly
National Executive Offices: 3325 Wilshire Blvd., Suite 800, Los Angeles, CA 90010 (213) 487-1922 FAX (213) 385-3014

CONGRESSMAN DOWNEY AND MEMBERS OF THE HUMAN SERVICES SUBCOMMITTEE, THE ASOCIACION NACIONAL PRO PERSONAS MAYORES WELCOMES THE OPPORTUNITY TO TESTIFY AT YOUR HEARING TODAY. THE ASOCIACION WANTS TO COMMEND YOU FOR HOLDING THIS TIMELY AND APPROPRIATE HEARING ON "IMPLEMENTATION OF THE OLDER AMERICANS ACT AMENDMENTS OF 1987; THE AGING NETWORK." THIS HEARING CAN BE ESPECIALLY USEFUL AS OUR NATION PREPARES TO CHART A COURSE FOR THE FUTURE DIRECTIONS OF THE OLDER AMERICANS ACT.

AS YOU HAVE REQUESTED, WE SHALL KEEP OUR TESTIMONY BRIEF. OUR TESTIMONY WILL CONCENTRATE PRIMARILY ON ISSUES AFFECTING AGED HISPANICS AND OTHER ELDERLY MINORITIES UNDER TITLES III, IV, AND V OF THE OLDER AMERICANS ACT.

A. TITLE III SUPPORTIVE SERVICES AND SENIOR CENTERS

OUR FIRST MAJOR POINT IS THAT THE TARGETING LANGUAGE FOR SERVING ELDERLY PERSONS WITH THE GREATEST ECONOMIC OR SOCIAL NEEDS, WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITY INDIVIDUALS, MUST BE FULLY AND EFFECTIVELY IMPLEMENTED.

AGED HISPANICS AND OTHER LOW-INCOME OLDER MINORITIES HAVE A NEED FOR SERVICES THAT IS TYPICALLY TWO TO THREE AND ONE-HALF TIMES AS GREAT AS FOR THE NON-MINORITY AGED, IN LARGE PART BECAUSE THE POVERTY RATE IS TWO TO THREE TIMES AS GREAT FOR OLDER MINORITIES. HOWEVER, THE 1982 CIVIL RIGHTS COMMISSION REPORT AND EARLIER EQUITY STUDIES FOR THE

ADMINISTRATION ON AGING (AoA) HAVE GENERALLY CONCLUDED THAT ELDERLY MINORITIES HAVE BEEN UNDERSERVED BY THE OLDER AMERICANS ACT, ESPECIALLY WHEN NEED FOR SERVICES IS CONSIDERED. WITH SHRINKING FEDERAL FUNDING AND ESPECIALLY TIGHT RESOURCES, THE ASOCIACION BELIEVES THAT IT IS ABSOLUTELY CRITICAL THAT THE OLDER AMERICANS ACT TARGETING LANGUAGE BE VIGOROUSLY IMPLEMENTED.

THE AGED HISPANIC PARTICIPATION RATE FOR TITLE III SUPPORTIVE AND NUTRITION SERVICES, HAS HISTORICALLY BEEN LOW, PARTICULARLY WHEN MEASURED AGAINST NEED FOR SERVICES. FOR FISCAL YEAR 1988, ELDERLY HISPANICS ACCOUNTED FOR ONLY 3.5 PERCENT OF ALL PARTICIPANTS IN TITLE III-B SUPPORTIVE SERVICES, 4.9 PERCENT OF THOSE IN THE CONGREGATE MEALS PROGRAM, AND 3.9 PERCENT OF ELDERLY PERSONS RECEIVING HOME-DELIVERED MEALS.

IN MARKED CONTRAST, THE AGED HISPANIC PARTICIPATION RATE WAS 8.8 PERCENT FOR THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) FOR FISCAL YEAR 1988--MORE THAN TWICE AS LARGE AS FOR THE SUPPORTIVE SERVICES AND IN-HOME MEALS PROGRAMS AND NEARLY TWICE THE LEVEL OF THE CONGREGATE MEALS PROGRAM.

THE ASOCIACION BELIEVES THAT SOME DEVELOPMENTS ARE UNDERWAY TO INCREASE MINORITY PARTICIPATION UNDER THE OLDER AMERICANS ACT TITLE III SUPPORTIVE SERVICES AND NUTRITION SERVICES PROGRAMS. THE RECENT MEEK V. MARTINEZ DECISION IS POTENTIALLY A LANDMARK CASE IN THE FIELD OF AGING. IT CAN HAVE A MAJOR IMPACT IN ASSURING THAT ELDERLY MINORITIES ARE MORE EQUITABLY SERVED UNDER THE OLDER AMERICANS ACT. THE UNMISTAKABLE MESSAGE FROM THIS DECISION IS THAT STATES

WITHOUT A MINORITY FACTOR IN THEIR INTRASTATE FUNDING FORMULAS (IFFs) CLEARLY RUN A RISK OF HAVING THEIR IFFs, OR PORTIONS OF THEIR FORMULAS, OVERTURNED.

ANOTHER IMPORTANT AND VERY POSITIVE DEVELOPMENT IS THAT THE NEW COMMISSIONER ON AGING, DR. JOYCE T. BERRY, HAS MADE EQUITABLE TREATMENT FOR AGED MINORITIES A PRIORITY ISSUE. DR. BERRY'S RECENT PROGRAM INSTRUCTION FOR STATE UNITS ON AGING REGARDING THE USE OF IFFs TO PROMOTE MINORITY PARTICIPATION IN OLDER AMERICANS ACT PROGRAMS, CAN BE ESPECIALLY HELPFUL FOR AGED MINORITIES. THE ASOCIACION WISHES TO COMMEND DR. BERRY FOR HER COMMITMENT AND POSITIVE ACTIONS.

THE OLDER AMERICANS ACT HAS NUMEROUS PROVISIONS TO PROMOTE MINORITY PARTICIPATION. THESE MEASURES ARE MORE

THAN AMPLE TO PERFORM THE TASK, PROVIDED THEY ARE EFFECTIVELY IMPLEMENTED. THE MEEK V. MARTINEZ CASE AND DR. BERRY'S STRONG COMMITMENT TO ASSURE EQUITABLE TREATMENT FOR OLDER MINORITIES PROVIDE POSITIVE SIGNS THAT AGED MINORITIES WILL PARTICIPATE MORE FULLY IN THE SUPPORTIVE AND NUTRITION SERVICES IN THE FUTURE.

THIS SUBCOMMITTEE CAN PERFORM A VERY VALUABLE FUNCTION BY MONITORING PROVISIONS TO PROMOTE MINORITY PARTICIPATION TO ASSURE THAT BOTH THE LETTER AND THE SPIRIT OF THE LAW ARE FULLY CARRIED OUT AS CONGRESS INTENDED.

B. TITLE IV TRAINING, RESEARCH, AND DEMONSTRATIONS

TITLE IV TRAINING, RESEARCH, AND DEMONSTRATIONS CAN ALSO

BE AN EFFECTIVE VEHICLE FOR IMPROVING MINORITY PARTICIPATION IN OLDER AMERICANS ACT ACTIVITIES. THE HOUSE COMMITTEE ON AGING HAS BEEN A LEADING FORCE IN WINNING APPROVAL OF THESE MEASURES.

SECTION 425(a)(2), FOR EXAMPLE, DIRECTS AoA TO FUND SPECIAL TRAINING PROGRAMS AND TECHNICAL ASSISTANCE PROJECTS TO IMPROVE SERVICES TO MINORITIES. THIS MEASURE CAN BE ESPECIALLY USEFUL BECAUSE IT CAN HELP TO SENSITIZE THE AGING NETWORK ABOUT THE SPECIAL PROBLEMS AND CHALLENGES AFFECTING AGED MINORITIES. THE BOTTOM LINE GOAL, OF COURSE, IS TO ENABLE AGING NETWORK PERSONNEL--WHETHER THEY BE LOCAL SERVICE PROVIDERS, AREA AGENCY ON AGING STAFF, STATE OFFICE ON AGING PERSONNEL, OR OTHERS -- TO BE MORE RESPONSIVE AND EFFECTIVE IN SERVING ELDERLY MINORITIES, WHOSE NEEDS MAY DIFFER SIGNIFICANTLY FROM THE NON-MINORITY AGED.

THIS MEASURE, AS WELL AS OTHER PROVISIONS DIRECTED AT MINORITIES UNDER TITLE IV, MUST ALSO BE FULLY IMPLEMENTED AND MONITORED. DR. BERRY IS TOTALLY COMMITTED TO CARRYING OUT THIS TASK. THE HOUSE COMMITTEE ON AGING HAS BEEN RESPONSIVE TO THIS MISSION IN THE PAST. WE URGE THAT YOU CONTINUE YOUR PAST GOOD WORKS IN THIS AREA.

THE ASOCIACION HAS ONE TITLE IV RECOMMENDATION TO OFFER FOR CONSIDERATION WHEN THE OLDER AMERICANS ACT IS REAUTHORIZED NEXT YEAR. WE URGE THAT THE HOUSE COMMITTEE ON AGING AND THIS SUBCOMMITTEE SUPPORT RESTORATION OF THE SO-CALLED CRANSTON AMENDMENT, WHICH WOULD AUTHORIZE FUNDING TO ASSESS FUTURE NATIONAL PERSONNEL REQUIREMENTS, WITH SPECIAL EMPHASIS ON RESPONDING TO THE NEEDS OF THE MINORITY ELDERLY. THE CRANSTON AMENDMENT WAS STRIPPED AWAY

FROM THE OLDER AMERICANS ACT DURING THE EARLY 1980'S WHEN TITLE IV LANGUAGE WAS RECAST. THERE WAS NO OVERT OPPOSITION TO THE PROVISION PER SE. IT WAS BASICALLY A MATTER, IN THE VIEW OF THE REAGAN ADMINISTRATION, TO SIMPLIFY TITLE IV LANGUAGE. HOWEVER, AN IMPORTANT TOOL TO SERVE OLDER MINORITIES AND TO COMPLEMENT TITLE III ACTIVITIES WAS LOST. WE, THEREFORE, REAFFIRM THAT THE CRANSTON AMENDMENT SHOULD BE RESTORED.

C. TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

LASTLY, THE ASOCIACION WOULD LIKE TO COMMENT BRIEFLY ON THE TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP). WE STRONGLY URGE THAT THE SCSEP CONTINUE TO BE ADMINISTERED BY THE DEPARTMENT OF LABOR BECAUSE TITLE V IS AN EMPLOYMENT PROGRAM FIRST AND FOREMOST. THIS ISSUE WAS

CAREFULLY CONSIDERED WHEN THE CONGRESS WRESTLED WITH THE QUESTION CONCERNING THE APPROPRIATE PLACEMENT OF A SCSEP. IN FACT, THE INITIAL LEGISLATION GAVE ADMINISTRATIVE AUTHORITY TO THE THEN DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. HOWEVER, EXPERTS IN THE FIELD OF AGING, LEADING NATIONAL SENIOR CITIZEN ORGANIZATIONS, AND OTHERS AGREED THAT THE SCSEP SHOULD BE ADMINISTERED BY THE LABOR DEPARTMENT BECAUSE THE PRIMARY FOCUS WAS EMPLOYMENT FOR OLDER AMERICANS. A REPORT BY THE NATIONAL SPONSORS OF THE SCSEP FOR THE HOUSE COMMITTEE ON AGING -- ENTITLED "THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM; ITS HISTORY AND EVOLUTION" -- PROVIDES A GOOD SUMMARY OF THE RATIONALE FOR THE PLACEMENT IN THE DEPARTMENT OF LABOR. THE RATIONALE FOR HAVING THE DEPARTMENT OF LABOR ADMINISTER THE SCSEP IS EQUALLY APPLICABLE TODAY, AS WAS THE CASE WHEN CONGRESS

ENACTED THE OLDER AMERICAN COMMUNITY SERVICE EMPLOYMENT ACT AS PART OF THE 1973 OLDER AMERICANS ACT AMENDMENTS.

THERE IS AN OLD ADAGE THAT YOU SHOULD NOT ATTEMPT TO FIX SOMETHING IF IT IS NOT BROKEN. THIS IS PARTICULARLY TRUE FOR THE SCSEP. TITLE V HAS BEEN REVIEWED ON SEVERAL OCCASIONS BY INDEPENDENT EVALUATORS, AND HAS ALWAYS RECEIVED HIGH MARKS. WE, THEREFORE, RECOMMEND THAT ANY FUTURE CHANGES BE FINE TUNING MEASURES, RATHER THAN ATTEMPTING TO RESTRUCTURE THE PROGRAM.

ONE OF TITLE V'S PRIMARY GOALS, SINCE ITS INCEPTION, HAS BEEN TO SERVE THE LOW-INCOME AND HARD-TO-PLACE ELDERLY. CONGRESSIONAL SPONSORS DEVELOPED TITLE V PRIMARILY TO ASSIST OLDER AMERICANS WHO WERE OUT OF SOCIETY'S MAINSTREAM IN

TERMS OF EMPLOYMENT SKILLS, EDUCATION, AND ECONOMIC STATUS. THE SCSEP HAS BEEN EXTRAORDINARILY EFFECTIVE IN PROVIDING A DIGNIFIED MEANS FOR DISADVANTAGED OLDER PERSONS TO HELP THEMSELVES WHILE HELPING OTHERS IN THEIR COMMUNITIES AT THE SAME TIME.

THE ASOCIACION REAFFIRMS THAT THE SCSEP SHOULD CONTINUE TO EMPHASIZE THAT LOW-INCOME AND HARD-TO-PLACE OLDER AMERICANS ARE PRIMARY TARGETS FOR THE PROGRAM. ONE CONSTRUCTIVE WAY TO CLARIFY THIS IMPORTANT POINT IS TO INSERT LANGUAGE IN SECTION 502 STRESSING THAT THE SCSEP IS DESIGNED TO SERVE UNEMPLOYED LOW-INCOME PERSONS 55 YEARS OR OLDER "WHO HAVE POOR EMPLOYMENT PROSPECTS." THIS CLAUSE WOULD CLARIFY THAT TITLE V'S PRIMARY FOCUS IS TO HELP THE MOST DISADVANTAGED PERSONS IN OUR SOCIETY.

D. CONCLUSION

IN CONCLUSION, THE ASOCIACION APPRECIATES THE OPPORTUNITY TO APPEAR BEFORE THE HUMAN SERVICES SUBCOMMITTEE. WE BELIEVE THAT YOU HAVE PERFORMED A VALUABLE FUNCTION IN ASSESSING THE IMPLEMENTATION OF THE 1987 OLDER AMERICANS ACT AMENDMENTS AND TO PROVIDE A FRAMEWORK FOR GUIDING OUR NATION INTO THE 1990'S FOR RESPONDING TO THE NEEDS OF THE ELDERLY. THE ASOCIACION LOOKS FORWARD TO WORKING WITH YOU NOW AND IN THE FUTURE ON ISSUES RELATED TO THE OLDER AMERICANS ACT AND OTHER MATTERS IMPACTING ON AGING PERSONS.

THANK YOU AGAIN. WE SHALL BE GLAD TO RESPOND TO ANY QUESTIONS THAT YOU MAY HAVE.

Mrs. SLAUGHTER. Thank you, Mr. Affeldt.
Mr. Cook?

STATEMENT OF CURTIS D. COOK

Mr. COOK. Thank you, Mrs. Slaughter.

Mr. Chairman, Mrs. Slaughter, Mr. Clarke, and other distinguished members of the Human Services Subcommittee, what I want to do today is just summarize very briefly the full written statement that I have submitted for the record.

Our concern for the implementation of the Older Americans Act 1987 amendments is one which has taken us down the road of frustration and elation; frustration over the first 2 years subsequent to the 1987 reauthorization because there was a significant package of amendments added to the Older Americans Act in 1987 which was designed to increase participation of minority and low-income elderly and, specifically, there was language added which would increase the services and the participation of the American Indian and Alaskan Native elders for whom we advocate.

In the ensuing 2 years following the reauthorization, there was a great deal of frustration and anger on our part because the former Administration on Aging failed to implement the provisions which were so clearly stated. It became clear to us, then, that in order for those provisions to be implemented to any effective degree, that there would have to be someone in the driver's seat who cares, and we are very, very elated now in recent days that Dr. Joyce Berry has been confirmed as Commissioner on Aging because we have seen Dr. Berry to be a friend of the minority elders, and she has certainly been a friend of the American Indian elders. We commend her for her selection, for her confirmation as Commissioner, and we look forward to working with her, and with this subcommittee, and with other Members of the Congress in seeing to it that the provisions so well intended in 1987 are actually implemented in the days ahead.

We also have some suggestions for ways in which those provisions can be strengthened, ways in which we can provide for Dr. Berry, and for members of the aging network, the tools necessary to implement effectively the Older Americans Act.

We appear before you today with a great sense of hope and expectation because Dr. Berry, a sensitive and caring advocate, has been selected as Commissioner, and because the Commissioner has declared her intention to take the law seriously, as indicated in her recent announcement that she would soon post the position of the Associate Commissioner for American Indian, Alaskan Native, and Native Hawaiian aging, and also because the reauthorization is due. It gives us a new opportunity to add language which may strengthen some of the other areas of the act which have not yet been effectively implemented.

I would like to suggest several ways in which that may happen. I will touch only on Title II, Title III, and Title VI. My full written statement includes a comprehensive look at our suggestions for other titles as well.

Under Title II, the Commissioner's position was elevated so that she would report directly to the Secretary of the Department of

Health and Human Services. We would like to submit that she cannot effectively manage the affairs of her own administration until she is able to establish the budget for salaries and expenses that is used to authorize the operation of the Administration on Aging.

One case in point is that the former law required that the regional program offices of the Administration on Aging were to provide technical assistance to the Title VI grantees out there in the rural areas. Until those regional program staff members can have enough money in their budget to travel and provide that technical assistance, that particular provision of the law is nothing more than a paper promise.

Also, it was required under Title II that there be a representative of Indian tribes on the Federal Council on Aging. To this date, no one has taken seriously that provision.

Thirdly, there was to be representation of Indian tribes in the interagency task force which was established by Title II of the Older Americans Act. At least that was the original intent. So far, that interagency task force has not been effectively implemented, although Dr. Berry has recently stated that she will soon convene that task force. We applaud her efforts in this regard.

The associate commissioner position for American Indian, Alaskan Native, and Native Hawaiian aging must be filled by a recognized and committed advocate for Indian elders. That position must be established at a level which is commensurate with the other associate commissioners so that that person may have a meaningful role in the decisionmaking process which affects older American Indians, Alaskan Natives, and Native Hawaiian elders.

Under Title III, we suggest, of course, that funding be increased. Our suggestion says that we must tie that funding to a sincere effort on the part of area agencies, and their service providers contracted under them, to outreach, identify, and serve the minority populations in their planning and service areas. It must be tied to that if the Older Americans Act targeting language is to be taken seriously.

Secondly, we believe it is important to require AAAs to serve Indian elderly populations and other minority elders within their planning and service areas at the risk of losing their designation as AAAs. We are willing to work with NAAAA, with NASUA, and with others who are interested in seeing that the provisions of the Older Americans Act also be adhered to, especially those targeting provisions. We will work with NAAAA, in particular, to design language which will not adversely affect those AAAs that are sincere about that effort, but language which will be strong enough to bring about more enforcement of those provisions.

Thirdly, we would like to see AAAs encouraged to contract with Indian tribes and organizations to provide services to Indian elders within their planning and service areas.

Fourthly, under Title III, we would like to see provisions whereby the Commissioner may be given the authority to designate directly Indian tribes or Indian organizations as AAAs, thus reflecting the Government-to-Government relationship of Indian tribes with the Federal Government.

I'll skip Title IV and Title V. We have some suggestions in those areas.

Now to Title VI which is, to us, one of the most important provisions of the Older Americans Act for it provides nutrition and supportive services. It is supposed to provide nutrition and supportive services to American Indian elders, Alaskan Native elders, and Native Hawaiian elders.

More funding is needed for that title. For the last 3 fiscal years, the funding for Title VI has remained at 66 percent of the authorized levels or below. Since 1984, there has been an overall reduction in the average grant of 44 percent, or 71 percent if one considers the effects of inflation. That is a reduction from over $80,000 on the average grant to only $40,000 today. The Title VI programs are unable to provide adequate services as intended by the Older Americans Act when Title VI was first introduced.

We believe that there ought to be a prioritization of funds to repair the damage to the 1984 grantees and to subsequent grantees who came in but had their funding reduced drastically as new grantees were added with no additional funds. We believe there ought to be a more equitable distribution between parts A and B, a sensitive matter but one which we believe can be worked out between the members of the Native American community—the Indians, the Alaskan Natives, and the Native Hawaiians. We will work with them to see that there is a fair distribution of those funds.

We do not support such things as capping the number of grantees under Title VI for this unfairly discriminates against those tribes which do not now have Title VI grants. Furthermore, we would like more extensive language to clarify just what the Congress meant by comparability of services when it said that the services provided under Title VI must be comparable to those provided under Title III. By no stretch of the imagination to this very day can those services be termed "comparable" in terms of what is actually provided. We would like that language spelled out, and we will work with this committee and with others to provide suggested language to see that that takes place.

Thank you very much for your attention. I appreciate your help.

[The prepared statement of Mr. Cook follows:]

STATEMENT BY

CURTIS D. COOK

EXECUTIVE DIRECTOR

NATIONAL INDIAN COUNCIL ON AGING

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES

SELECT COMMITTEE ON AGING

U.S. HOUSE OF REPRESENTATIVES

March 27, 1990

Introduction

Mr. Chairman and distinguished members of the Human Services Subcommittee, I want to thank you for your invitation to testify before you concerning the relationship of the Older Americans Act to the needs of more than 200,000 American Indian and Alaskan Native elders. You are well aware that these elders exist in great economic and social need, and so, you may well imagine the anticipation that we at the National Indian Council on Aging experienced when the law was reauthorized in 1987, incorporating a significant package of amendments which were designed to improve services to the Indian elders for whom we advocate. I'm sure that you can also imagine the disappointment and frustration we experienced over the failure of the Administration on Aging to take these amendments seriously and to implement the changes which were mandated. That disappointment and frustration characterized most of our dealings with the Administration until April of last year (1989), when Dr. Joyce Berry was named as Acting U.S. Commissioner on Aging. That was a major turning point.

Today we appear before you with renewed hopes and expectations for a brighter day for American Indian and Alaskan Native elders -- yes, for all elders who are in great economic and social need. These hopes and expectations emanate from three major developments:

a) Dr. Joyce Berry's confirmation as U.S. Commissioner on Aging;
b) Dr. Berry's recent announcement that she will soon be selecting a person to fill the position of Associate Commissioner on American Indian, Alaskan Native, and Native Hawaiian Aging; and
c) the impending reauthorization of the Older Americans Act.

These significant developments have afforded us perhaps our very best opportunity to bring about improved and more comprehensive services for Indian elders. We look forward with great anticipation to working with Dr. Berry and the Administration and the Congress to develop the tools necessary for the Commissioner to turn the promises of the Older Americans Act into a reality for our nation's elders, and especially for those in the greatest economic and social need. Accordingly, we shall propose several courses of action, or changes in the language of the Act which will be designed to provide Dr. Berry with the legislative tools she will need. Our proposals for the 1991 reauthorization of the Older Americans Act will be as follows:

Title II

1) authorization for the Commissioner on Aging to establish the salary and expense budget for the Administration on Aging --

With the passage of the 1987 amendments to the Older Americans Act, the status of the Commissioner on Aging was elevated so that the Commissioner would be directly responsible to the Secretary of the Department of Health and Human Services. Dr. Berry has recently testified before this Subcommittee that she now reports directly to the Secretary and enjoys an unprecedented level of involvement in the management and policy decisions affecting older Americans. There remains, however, a fundamental barrier to her ability to manage effectively the business of her administration in that she has no authority over the budget which establishes the salaries and operational expenditures of AoA.

The Commissioner should have full authority over this budget so that she can assure effective implementation of the letter and the intent of the law. For example, there is an urgent need for better communication between the AoA regional offices and the title VI grantees. The law requires that the regional offices provide technical assistance to the grantees for the operation and enhancement of their programs. However, until the Commissioner is permitted full authority to allocate sufficient funds for the regional office staff to travel to the grantees' areas, the technical assistance required by the law will remain no more than a paper promise.

2) representation of Indian tribes on the Federal Council on the Aging --

in 1987 an amendment was added to Section 204 of the Act which would require representation of Indian tribes on the Federal Council on the Aging. In the ensuing two-and-one-half years there have been vacancies on the Council, but there has yet to be anyone chosen to represent the interests of Indian elders. This is no small matter, as we have growing concerns over the direction of public policy in this period of time as it has impacted Indian elders. This promise of the law must be taken seriously by those who select individuals to fill vacancies on the Council.

3) representation of Indian organizations on the Inter-agency task force --

by virtue of the 1987 amendments there was to have been established a task force consisting of representatives of those departments and agencies of the federal government whose operations, programs and policies affect Indian elders. Dr. Berry has recently testified that she has already named representatives to serve on the task force, and will soon be convening the task force to discuss policy issues related to Indian aging. We applaud Commissioner Berry's decisive and positive action in this regard. We shall be seeking language in the upcoming reauthorization of the Act which will require that advocates from the national Indian aging network also be represented on the task force.

4) the position of Associate Commissioner on American Indian, Alaskan Native, and Native Hawaiian Aging --

Commissioner Berry recently indicated in testimony before this Subcommittee that she has plans to begin the selection process for this office very soon. It will be important that adequate consideration be given to the selection of a person who is a recognized advocate for the cause of Indian elders, as well as being qualified to fill the position. It is also essential that this position be established at a level of authority and responsibility which is commensurate with that of other Associate Commissioners within the Administration; this so that the person who serves as the "Indian Desk" or the "Native American Desk" in the Administration may be on a equal footing with others in the decision-making process.

Title III

Indian elderly participation in title III remains at less than 1% of the total participants; this despite the fact that the targeting language of the Act was significantly strengthened in the 1987 reauthorization. Barriers to Indian elderly participation in title III supportive services were to have been eliminated for those who also participate in the nutrition programs provided under title VI; nevertheless, there has been very little improvement in coordination between the area agencies and the tribes. We are encouraged that Commissioner Berry has taken some very definite steps toward stronger enforcement of the targeting requirements of the Act, and we would expect to see Indian participation levels in title III increase steadily. We are aware that it may be difficult for AAAs to serve yet another population group within their planning and service areas, in view of the fact that resources are already limited and they have established relationships with non-Indian service providers in their areas. We shall, therefore, be proposing several amendments to title III and provisions which will have the effect of increasing Indian participation. These amendments and provisions will:

a) increase funding for title III to accomodate more agressive targeting efforts. The increased funds we shall propose will be tied to efforts on the part of AAAs to outreach and serve minority populations within their planning and service areas, and such additional designated funds will not be made available to area agencies which fail to implement satisfactory targeting efforts;

b) require that area agencies which have significant Indian populations within their planning and service areas serve those populations at reasonable levels, or risk losing their designation as area agencies;

c) encourage area agencies on aging to contract with Indian tribes or organizations within their areas for the provision of title III services to Indian elders;

d) provide to the Commissioner the authority necessary to designate Indian tribes and organizations directly as AAAs in areas where Indian elders are not being adequately served through existing area agency networks. This proposal will have, inherent in its implementation, the distinct advantage of honoring the government-to-government relationship of the Indian tribes with the federal government, without the added burden of subjecting them to the State's authority.

Title IV

One of the major difficulties faced by those who seek to design programs to address the needs of American Indian and Alaskan Native elders is the lack of up-to-date information concerning the factors which impact their health, housing and income status, as well as their general well-being and mental health: such factors as the changing demographics of the Indian community, the breakdown of the extended family, the rising incidence of substance abuse and elder abuse in the Indian community, and the continuing disengagement of the Indian Health Service from providing services to the elders within their service population. All of these factors are having devastating effects on the Indian elderly population. In order for advocates and service planners to address these emerging issues, current information such as can be derived from concentrated research on Indian elders will be very much needed in the days ahead. We shall, therefore, be requesting specific language in title IV which will authorize and encourage research and demonstration projects on these matters of concern.

There is also a need for more appropriately designed training for those who provide services to Indian elders, including the title VI program staff, Community Health Representatives, and informal caregivers. The training and technical assistance, formerly provided to title VI program directors and staff under a single national contract, has been greatly weakened by the separation of the training and technical assistance components into two separate contracts which were awarded by the former Commissioner to two organizations which had no prior experience or knowledge in the field of Indian aging or of title VI. We believe that this was a giant step backward in the effort to improve the quality of services and programs for Indian elders; consequently, we shall be seeking language in title IV which will re-unite the training and technical assistance components into a single contract to be awarded to an experienced and qualified national Indian aging organization.

Title V

The overwhelming majority of American Indian and Alaskan Native elders are at the low end of the scale by every measure of economic and social well-being. Yet Indian elders participate in the Senior Community Service Employment Program funded under title V only at a rate of 1.5% of the total participants. It was this combination of existence in poverty and low participation in title V that led the Congress to enact a requirement in the 1987 reauthorization that there be an Indian national title V sponsor. Some have made the ludicrous suggestion that Indian elders are "over-served" in title V because Indian people represent fewer than 1% of the total United States population. It is our contention that to make such a comparison to the general population is like comparing "apples and oranges;" for title V is a program which is aimed only at the population which is at or below 125% of the national poverty level; and the incidence of Indian elders in the poverty population is notably higher than 1.5%. In fact, the findings of the Congress in the 1987 reauthorization state that Indian elders exist in poverty at rates as high as 61%, and unemployment on Indian reservations runs as high as 95%. We shall propose and advocate for funding increases for all of title V, as it is one of the programs of the Act which most effectively targets those who are in the greatest economic and social need. We shall also propose, as the best way to increase Indian elderly participation in this important program, that there be a substantial increase in the proportion of title V funding which is allocated to the national title V sponsor for Indians, the National Indian Council on Aging (NICOA).

NICOA should also be permitted greater flexibility in its allocation of employment slots, so that title V SCSEP enrollees may be placed with title VI programs nationwide, and thus assist these programs to provide more comprehensive services and service coordination to their elders. We submit that this is one of the most cost effective ways to provide community services, while at the same time maximizing limited resources. We shall be seeking changes in the language of title V which will encourage such placements.

Title VI

Title VI grants for nutrition and supportive services have helped appreciably for some Indian elders whose tribes have these grants -- but still:

- too few resources have been appropriated for these grants;
- too few Indian tribes have title VI grants;
- too few types of services are being provided; and
- too few Indian elders receive these services.

Our primary concern, then, in the reauthorization of the Older Americans Act, will be to improve title VI in the following ways:

a) substantially more funds are needed as the title still serves fewer than 19% of the eligible elders. Accordingly, we shall be requesting higher authorization levels and advocating for increased funding, as funding for title VI over the past three fiscal years has remained at or below 66% of authorized levels. This would then permit more Indian elders from more Indian tribes to receive more comprehensive services. And we believe this would be more in keeping with the objectives and targeting provisions of the Act.

b) We shall also suggest language which will have the effect of strengthening the title VI grantees who have been in the program the longest, but have suffered severe cuts each time new grants were awarded to additional Indian tribes. This language would protect existing grantees from cuts, as new tribes are added to the program; and it would permit new grantees to come into title VI only as new funds are made available. Such protection will be provided through a reasonable prioritization of funds which will allow all grantees, old and new, to provide more comprehensive services to their elders.

c) We believe there is legitimate reason to question the present language which specifies amounts to be appropriated for Part B of title VI at levels which compromise the programs funded under Part A. We shall be proposing a funding plan which results in a more equitable distribution between the two parts, without compromising the quality or level of services which can be provided under either Part A or Part B. It is our understanding that the Administration's proposal for fiscal year 1991 for title VI results in a reduction of Part A programs of approximately $78,000 overall, while increasing the programs under Part B by the same amount. We do not believe this is fair to the already under-funded programs under Part A.

d) We are well aware of the problems and challenges which confront the Administration on Aging as both the Indian elderly population and the needs increase. However, we would not support such approaches as "capping" the number of grantees who may come into the program, as such action would unfairly discriminate against the elders whose tribes do not yet have title VI grants. We believe there is a better way to meet the growing demands; such as through the amendments we shall be proposing.

e) We shall be suggesting language which clarifies the intent of Congress in requiring "comparability" of services between title VI and title III by specifying that congregate meals, home-delivered meals, information and referral, legal and ombudsman services, transportation, etc. are all intended to be included in title VI, just as they are in title III. At the present time, title VI programs are barely able to provide basic nutrition services to only a portion of their elders, much less to provide "comparable" or comprehensive services. No longer should title VI be treated as a second-rate title in terms of its funding and the services it provides. And no longer can Indian elders be treated as second-class citizens under the programs of the Older Americans Act. We are confident that, under the wise and sensitive leadership of Commissioner Berry, a new day of opportunity has come, and the long night of deprivation and discrimination has ended. We look forward to working very closely with Dr. Berry and with the Congress for the needed improvements.

Mr. Chairman, we look to you and your colleagues on the Subcommittee on Human Services to help us make the full intent and objectives of the Older Americans Act a reality for American Indian and Alaskan Native elders. We thank you for the concern you have already expressed, and appreciate very much this opportunity to testify before you.

Mrs. SLAUGHTER. Thank you, gentlemen.

Mr. Simmons, I just have one question for you, particularly about the GAO study on cost sharing, which is taking on a more profound importance, as you know. That study showed that there was, places that they studied it, no indication that the services only shifted to the more affluent elderly. How do you feel about that study?

Mr. SIMMONS. I have not had a chance to study the entire findings that they have. We do have a very great concern. Our concern is based on fact. Our concern is based on the fact that there, in recent years, has been a decline in minority participation in Title III programs. When we look at that, any time there is any additional change in a system, especially one that would appear to lend itself to a two-tiered system, we look at that with suspicion. As I said, we are still awaiting additional data before we would be in the position of saying that we need to have cost sharing.

Mrs. SLAUGHTER. We, obviously, share your concern that people not be left out.

Mr. Affeldt, you recommend the phrase, "who have poor employment prospects" in Title V employment language. What particular problem did you intend to correct by adding that phrase?

Mr. AFFELDT. Well, there may be a tendency now to engage in what is called "creaming" under the Older Americans Act in order to meet unsubsidized placement goals. Currently, the Department of Labor has a goal of 20 percent. In recent years, the percentage of Title V enrollees who have incomes below the poverty line has declined. It is roughly about 80 percent in round numbers. About four out of every five Title V enrollees have incomes below the poverty line.

As you know, Title V is available for low-income persons, and low-income persons is defined as having an income below 125 percent of the poverty line. We want to make certain that Title V is reaching out and serving those who have the greatest needs.

Mrs. SLAUGHTER. Mr. Cook, I certainly share your concerns, and I am going to be having lunch Monday at the Tonnawanda Reservation with the seniors there. You were pretty explicit about your recommendations and your concern about comparable funding. How do you think the coordination with the Native Americans, not just funding problems, but what is the coordination problem that you see that we could correct?

Mr. COOK. Well, for one, there can be a wider dissemination of the information that there are certain AAAs in the country that are doing an admirable job in coordinating with the Indian tribes. I think specifically of Mr. Clarke's own State of North Carolina, where the Eastern Cherokee Nation has a good relationship with the local area agency on aging. They have cooperated together for quite some time without being forced to do so. This is based on good relationships developed between that program director and the AAA director.

Also, in your own State, Mrs. Slaughter, the Erie County and Niagara County have been very, very aggressive in their efforts to coordinate with Indian tribes. Another way to assist that coordination, and perhaps provide services to the Indian population at higher levels and in more sensitive and appropriate manners, taking into account the cultures, and the languages of the people, and their accustomed ways of receiving services, or their accustomed ways of meeting.

The other way would be to designate Indian tribes as AAAs, as you have in your own State. The St. Regis Mohawk and the Seneca Nation both have Indian AAAs. There are only nine Indian AAAs in the entire country out of 670.

It is important that there be ways in which the area agency network no longer view us, and that we no longer view the area agency network, and the service providers contracted under them, as "them and us." It is important that we begin to tear down those barriers. The National Indian Council on Aging in this past year conducted a series of 2-day seminars in which we sought to bring together area agency and State agency people with leaders of Indian tribes and tribal programs to work out the difficulties that have existed over the years between the two sides and to seek solutions.

In each of those five areas, there were test courses formed that would provide ongoing follow-up to work out the problems in increasing the cooperation between the two sides.

Mrs. SLAUGHTER. Congressman Clarke? I wonder if you'd mind taking the chair. I've got to get over to the Rules Committee.

Mr. CLARKE. [acting chairman] Sure. Thank you, Madam Chairman.

Having just come back from 4 or 5 days in Puerto Rico, I had one question for Mr. Affeldt. Would there be a better participation rate by Hispanic Americans if the workers in the various programs were bilingual, if they could fully communicate in Spanish?

Mr. AFFELDT. I think that would help considerably. In fact, one of the major barriers for Hispanics, as well as other persons with limited English speaking ability, is that very problem. They have limited English speaking ability. This has the effect of discouraging them from participating in the program. In addition, some who have limited English speaking ability cannot always communicate their feelings as effectively, and they feel inadequate. This has been brought out by many studies unquestionably.

Mr. CLARKE. Thank you. Thank you all for your testimony.

Mr. Cook, I don't understand the difference—you asked for a more equitable distribution between parts A and B. Could you explain?

Mr. COOK. Yes, sir. It is our information that in this year's funding, because of the way the appropriations language is written, and strictly because of that, that $78,000 will be taken from the Indian programs and directed to the Native Hawaiian programs because of the way the appropriations language reads.

Under the current language, the Native Hawaiians receive one-half of the first $250,000, I believe it is, of any increase in Title VI funding. They then receive various percentages thereafter in such a way that it winds up being a rather inequitable distribution of those funds based on population alone.

$1.3 million went this past year to the State of Hawaii or to a contractor in Hawaii. It is also our information that that contractor was unable to use all of those funds to serve their population, so the State of Hawaii received the balance and is administering those funds through a network of area agencies on the islands.

It is important that, yes, the Native Hawaiians receive adequate services. We support that 100 percent. We believe also that with increases to Title VI over the years there should be also a more equitable distribution in terms of the kinds of services and the level of services that should be provided to the populations that are targeted under each part.

Mr. CLARKE. Essentially, should it be allocated according to population?

Mr. COOK. I hate to say "yes" because Indian tribes have, over the years, been the victims of that numbers game. We would not want to see the Native Hawaiians suffer under that kind of a rationale, or quota system, or something that is based on their incidence in the total Native American population. That would not be fair to them either. Their needs are important.

We believe that there could, however, be changes in the formula which would provide for areas where there are concentrations of populations of Indians who are in need, particularly those who are below poverty. There could be a formula designed—and we can assist with that formula—based on the demographics of those people.

Mr. CLARKE. Could you give the committee your recommendations and provide it?

Mr. COOK. I can certainly do that. I will.

[The following material was subsequently received from Mr. Cook:]

NATIONAL INDIAN COUNCIL ON AGING, INC.
P.O. BOX 2088 • ALBUQUERQUE, NEW MEXICO 87103 • (505) 242-9505

April 19, 1990

Honorable Tom Downey, Chairman
Subcommittee on Human Services
Select Committee on Aging
U.S. House of Representatives
HOB Annex 1, Room 716
Washington, DC 20215
Attention: Moya Benoit

Dear Mr. Downey:

As I stated in my testimony before you and your Subcommittee on March 27, 1990, the National Indian Council on Aging is proposing a revision of the language of the Older Americans Act which authorizes funding levels for Parts A and B of title VI, Grants for Native Americans (Section 633).

The effect of the existing authorization language has been that Native Hawaiian programs under Part B receive their full authorized levels of funding, while American Indian and Alaskan Native programs under Part A must be content to receive whatever is left out of the appropriated amounts, after Part B is funded at the specified levels.

A part of the problem is the way that the terminology "....shall be made available to carry out part B" is being interpreted by AoA. It is being treated as a set-aside amount for part B, while the authorized amounts for part A are not treated as a required (or "set-aside") funding level. The effect is that Hawaiian programs are funded at the expense of American Indian and Alaskan Native programs. A case in point is the Administration's budget recommendation for title VI for fiscal year 1991. The Administration has recommended "level funding," but the authorization language: "$1,505,000 shall be made available to carry out part B" is being interpreted so as to increase Native Hawaiian programs by $78,000 for fiscal year 1991. This $78,000 will have to come from part A, because level funding has been proposed. This, according to Acting Deputy Commissioner Mike Suzuki on March 23, 1990.

Honorable Tom Downey, Chairman
Page Two
April 19, 1990

In order to prevent such an eventuality from occurring when funds are distributed between American Indian and Native Hawaiian programs in the future, NICOA proposes the following alternatives:

Alternative 1: (our preferred choice)

Completely separate the authorization and appropriations for the American Indian/Alaskan Native programs and Native Hawaiian programs, by separating the Hawaiian programs into a new title VII, leaving title VI exclusively for American Indian and Alaskan Native programs.

We, and presumably the Native Hawaiians, would then each be advocating for authorization and appropriations language which would address the specific and separate needs of our respective constituent populations.

In brief terms, establish a separate title VII for Native Hawaiian programs.

Alternative 2:

Amend Section 633 Authorization of Appropriations so that it has two subparts: (a) which would specify authorized amounts fiscal year by fiscal year for American Indian and Alaskan Native programs only; and subpart (b) which would specify authorized amounts fiscal year by fiscal year for Native Hawaiian programs only.

In any case, Native Hawaiian program funding should be separate, and not tied in any way to American Indian/Alaskan Native program funding.

We shall later propose authorization levels for American Indian and Alaskan Native programs which will more accurately reflect population and poverty ratios experienced by our elders, in the hope that eventually they may be better served.

Honorable Tom Downey
Page Three
April 19, 1990

At this point, the two alternatives I have described above are the only alternatives we would find truly acceptable in view of the significantly inequitable effects of the current authorization language.

I trust this will meet the needs of the Subcommittee for purposes of your report. Thank you very much for your interest and the diligence of your staff in following up on this matter.

Sincerely yours,

Curtis D. Cook

Curtis D. Cook
Executive Director

CDC:ejg

Mr. **Clarke**. I had one other question. Do we need more Indian AAAs?

Mr. **Cook**. I have to say yes. We do need more Indian AAAs. One way to do that would be by way of one of my suggestions in my testimony that the Commissioner be able to designate directly Indian tribes and organizations as AAAs, particularly in those areas where Indians are not being well served under the current system.

Mr. **Clarke**. That would be a decision by the Commissioner himself or herself?

Mr. **Cook**. The law would need to authorize that, sir. Under the current arrangement, it is done through the State units on aging.

Mr. **Clarke**. Thank you very much.

Thank you all very much for your—

Mr. **Affeldt**. Just one point before we leave. We certainly support your comments regarding maintaining funding for Title V to maintain the program at its current level. Under the administration's current budget, there would be a 14 percent reduction in the number of enrollees in the senior community service employment program from 65,800 currently to 56,600. We think that would be a tragedy under the circumstances because many of these individuals would wind up on the welfare rolls.

Title V is very effective in terms of enabling these individuals to help themselves by moving off SSI, food stamps, and Medicaid. If these individuals are terminated from the program, then there will be a greater need for them to receive this type of assistance.

Mr. **Clarke**. Thank you. The thing' that impressed me on visiting these job corps centers is what a great thing it is for the morale of those people.

Mr. **Affeldt**. Yes. I think it is very refreshing to talk with them. They'll tell you how Title V has given them a new lease on life. It has given them hope where they had despair. It has provided an opportunity for them to be gainfully employed and contributing to society. They certainly welcome the opportunity to participate in the program.

Mr. **Clarke**. Thank you all very much for your testimony.

We will now welcome Toby Felcher, president of the National Association of Nutrition and Aging Services Providers, and Gail Martin, assistant administrative director of the National Association of Meal Programs.

Since we lose the room at 12 o'clock, we request that you limit your testimony to 5 minutes. We will call on Toby Felcher. If you will?

PANEL THREE, CONSISTING OF TOBY FELCHER, PRESIDENT, NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICES PROGRAMS; AND GAIL MARTIN, ASSISTANT ADMINISTRATIVE DIRECTOR OF THE NATIONAL ASSOCIATION OF MEAL PROGRAMS

STATEMENT OF TOBY FELCHER

Ms. **Felcher**. Good morning, Congressman Clarke. I'm Toby Felcher, president of the National Association of Nutrition and Aging Services Programs. I'm director of community services at the

Baltimore City Commission on Aging and Retirement Education, and I was a nutrition project director in Baltimore for 8 years.

On behalf of NANASP, I would like to thank you for this opportunity to testify on issues related to the reauthorization of the act. NANASP is a membership organization representing approximately 1,000 direct service providers working in the aging network nationwide. Our board of directors initiated discussions on reauthorization of the act several months ago and recently completed a survey of our membership to identify primary issues. While our formal positions have not been formalized, a picture is emerging of what we believe needs to be addressed during this reauthorization. In the interest of time, I'm going to be brief.

Mr. CLARKE. Thank you.

Ms. FELCHER. As you know, the meals programs are probably the most visible, recognized, and supported services of the act. This year it is anticipated that over 250 million meals will be served in both congregate and home-bound meal programs.

These programs are truly the cornerstone of the Older Americans Act legislation and are viewed in many communities as the critical component in preventative and long-term care strategies for the elderly. We have a track record of creative and effective management. Nearly all of the more than 15,000 nutrition sites nationally are donated by communities rent free, and nearly 90 percent of all the staffing is provided by volunteers.

Across the country, millions of additional meals are provided through private resources. In a time of great discussion surrounding the importance of public/private partnerships, the nutrition program stands out as a model for the aging network. With all of these indications of the importance of these program, the clear message from our membership in the recent survey was that nutrition programs need additional resources, attention, and legislation that supports the programs as they change to meet the shifting needs of their clients and communities.

The demand for nutrition services continues to escalate averaging 12 percent annually for home-delivered meals. Congregate program numbers do not reflect such dramatic growth, but countless towns and neighborhood wait for a meal site to be opened in almost every State.

A NANASP poll issued in 1989 indicated that overall revenue dedicated to 3(c)(1) services at the local level is lower than in 1982. According to a recent Congressional research service report with the Older Americans Act nutrition program, total funding for congregate nutrition increased between 1980 and 1990 by 30 percent.

This seemingly conflicting data leads us to the issue of fund transfer. Current law allows States to transfer funds between congregate and home-delivered meal programs as well as to freely transfer funds between social or supportive services and nutrition services, not to exceed 30 percent. This transfer authority was to allow sufficient flexibility to meet needs in a given local service area.

NANASP supports the intent of the law. However, if one looks beyond the surface and examines the actual practice of fund transfer, some disturbing facts emerge. Over the years, the transfers have not been between the two meal programs or freely between social services. Virtually all transfers of funds have been in one direction—from congregate nutrition to these other categories.

In 1988, $56.7 million was transferred out of the State's original allotment of funds for congregate nutrition services. This reduction represents 16.5 percent of the total congregate allotment. This suggests that home-delivered meals are underfunded, supportive services are underfunded, and congregate meals are being underfunded.

Couple this data with an inflation factor over the past years of 59.3 percent, and you see a congregate meal network that is being systematically eroded. The sad part is that those who move funds from the program support their actions by pointing to the need for in-home and long-term care services. The truth is that without the congregate meal center in many of our smaller communities, no home-delivered meals or support services would be possible. Without regular access to these community-based programs, an increased number of senior citizens would be thrust into a more dependent state requiring in-home or institutionalized care.

Nutrition programs under the Older Americans Act, intends to maintain the network of nutrition services currently available in this country. Nutrition programs have an impressive record of client donations. I believe it was more than $170 million last year. Our members have indicated that they are viewing cost sharing as a necessary mechanism to help maintain strong programs. We are sensitive to the implications of a change in this area but are willing to work on language that we believe will open the door for projects to explore sliding fee options for services.

We worry, however, that somehow, as nutrition programs become more adept at bringing in client fees, more liberty will be taken with our funds. Protection would need to be built in to ensure that not only would these fees stay with the program, but that transfers would not be taken out on the other side eliminating any real incentive or progress.

Another predominant issue that was reflected in our membership survey surrounded the whole area of aging network communications and recognition of the importance of service providers. One member contacted our office noting, "It is ironic that in defining the aging network we constantly here about the Administration on Aging, the State office on aging, and the area agencies on aging, but seldom even hear the term service provider, let alone recognition of the importance of this level within the network."

Perhaps this member was just tired after a day of struggling to get meals out, assess new clients, recruit volunteers, deal with the local community, monitor a caterer, supervise staff, and carry a message to anyone who guessed that this program is a great program. Maybe the idea of competing one more year for the privilege of providing this service was just too much. In any case, the message was not an isolated one.

Private nonprofit agencies across America who provide service are at risk, and Older Americans Act legislation should help them, not ignore or punish them. NANASP believes that the network of service providers deserves attention, recognition, training, and support.

When the act was first initiated, the environment for service providers was friendly. Collaboration, cooperation, and respect were terms often heard. Communication within the network is now often restricted. Service providers are encouraged or, in some cases, only allowed to talk with their own area agencies on aging.

Training dollars have been significantly reduced at this level of the network, isolating service provides from their peers. Only the larger nonprofits or the very resourceful are finding ways to learn and grow professionally. Congress needs to look at this level of the network and find ways to ensure that it is nourished and cared for so that it is strong and prepared for the decades ahead.

Nutrition programs and other supportive services need to change with their changing environment. The Older Americans Act needs to encourage diversity of programming and reward responsiveness to the unique characteristics of local communities. It needs to cast aside the strict hierarchial nature that has slowly but surely been accepted as the standard and facilitate partnerships, first within the aging network, and then with private industry, community leaders, and other institutions.

In seeking these partnerships, we must be willing to alter our thinking. For example—and I'll be finished in a minute—meal standards for our programs were originally established nationally. Recently, State standards, which vary widely, have become the norm. If we want private industry to be our partner and develop products for our network, national standards are necessary to create an enticing market.

The Older Americans Act started as a uniquely consumer-oriented piece of legislation. It has become bureaucratized, but Congress has the power to return these programs to the people and the communities that were the basis for the original law.

We appreciate the support that each of you has given to the Older Americans Act. We are ready to work hand in hand as we go through the process of reauthorization.

Thank you.

[The prepared statement of Ms. Felcher follows:]

TESTIMONY

For a Hearing on Reauthorization of the Older Americans Act

House Select Committee on Aging
Sub-Committee on Human Services

March 27, 1990

Statement by Toby Felcher, President

NATIONAL ASSOCIATION OF NUTRITION
AND AGING SERVICES PROGRAMS

2675 44th Street, SW, Suite 305
Grand Rapids, Michigan 49509

Chairman Downey and members of the House Sub-Committee on Human Resources:

I am Toby Felcher, President of the National Association of Nutrition and Aging Services Programs (NANASP) and Director of Community Services at the Baltimore City Commission on Aging and Retirement Education in Baltimore, Maryland. On behalf of NANASP, I would like to thank you for this opportunity to testify on issues related to the reauthorization of the Older Americans Act.

NANASP is a membership organization representing approximately 1,000 direct service providers, working in the aging network nationwide. Our Board of Directors initiated discussions on reauthorization of the Act several months ago and recently completed a survey of our membership to identify primary issues. And, while our formal positions have not been finalized, a picture is emerging of what we believe needs to be addressed during this reauthorization period.

For 25 years, the Older Americans Act has stood as this nation's centerpiece legislation in the development and provision of community-based services for persons over the age of 60. It established 10 broad objectives, a nationwide aging network, and a comprehensive system of services. Today, millions of older citizens benefit directly from the services provided through the Older Americans Act and millions more benefit indirectly as a result of an informed and responsive public. Never before in this nation has the need for the Older Americans Act been more critical--if the Act did not exist, we would have to create it, or something like it, to address the increasing needs of a greying America.

The meal programs are probably the most visible, recognized, and supported services in the Act. This year, it is anticipated that over 250 million meals will be served in both congregate and home-bound meal programs. These programs are truly the cornerstone of the Older Americans Act legislation and are viewed in many communities as the critical component in preventive and long-term care strategies for the elderly.

These programs also have a track record of creative and effective management. Nearly all of the more than 15,000 nutrition sites nationally are donated by communities rent-free, and nearly 90 percent of all the staffing is provided by volunteers. Across the country, millions of additional meals are provided through private resources. In a time of great discussion surrounding the importance of public/private partnerships, the nutrition programs stand out as a model for the aging network.

Yet, with all of these indications of the importance of these programs, the clear message from membership in our recent survey was that nutrition programs need additional resources, attention and legislation that supports the programs as they change to meet the shifting needs of their clients and communities.

THE NEED FOR ADEQUATE RESOURCES

The demand for nutrition services continues to escalate, averaging 12 percent annually for home-delivered meals. Congregate program numbers do not reflect such dramatic growth, but countless towns and neighborhoods wait for a meal site to be opened in almost every state.

A NANASP poll issued in 1989 indicated that overall revenue dedicated to Title III-C-1 services at the local level is lower than in 1982. According to a recent Congressional Research Service report on the Older Americans Act Nutrition Program, total funding for congregate nutrition increased between 1980 and 1990 by 30 percent. This seemingly conflicting data leads us to the issue of fund transfer.

Current law allows states to transfer funds between congregate and home-delivered meal programs (Title III-C, subparts 1 and 2) as well as to freely transfer funds between social or supportive services (Part B) and nutrition services (Part C), not to exceed 30 percent. This transfer authority was to allow sufficient flexibility to meet needs in a given local service area.

NANASP supports the intent of the law. However, if one looks beyond the surface and examines the actual practice of fund transfer, some disturbing facts emerge. Over the years, the transfers have not been between the two meal programs or freely between social services (Part B) and nutrition (Part C). Virtually all transfers of funds have been in one direction, from congregate nutrition to these other categories.

In 1988, $56.7 million was transferred out of states' original allotment of funds for congregate nutrition services. This reduction represents 16.5 percent of the total congregate allotment. This suggests that home-delivered meals are underfunded, supportive services are underfunded, and congregate meals are being underfunded!

Couple this data with an inflation factor over the past 10 years of 59.3 percent, and you see a congregate meal network that is being systematically eroded. The sad part is that those who move funds from the program support their actions by pointing to the need for in-home and long-term care services. The truth is that without the congregate meal center in many of our smaller communities, no home-delivered meals or supportive services would be possible. And without regular access to these community-based programs, an increased number of senior citizens would be thrust into a more dependent state requiring in-home or institutionalized care.

NANSP feels strongly that Congress must seriously reevaluate the transfer of funds currently allowed in the Older Americans Act if it intends to maintain the network of nutrition services currently available in this country.

Nutrition programs have an impressive record of client donations. NANASP members have indicated that they are viewing cost-sharing as a necessary mechanism to help maintain strong programs. We are sensitive to the implications of a change in this area, but are willing to work on language that we believe will open the door for projects to explore sliding-fee options for services.

We worry, however, that somehow, as nutrition programs become more adept at bringing in client fees, more liberty will be taken with our funds. Protection would need to be built in to ensure that not only would these fees stay with the program, but that transfers would not be taken out on the other side, eliminating any real incentive or progress.

USDA per-meal cash reimbursement represents a source of funds that in earlier years provided increases to help offset inflation. NANASP feels that this reimbursement should be indexed in much the same way as school lunch commodity entitlement is handled. This could be an important step toward protecting our service levels.

NETWORK COMMUNICATIONS AND SERVICE PROVIDER RECOGNITION

Another predominant issue that was reflected in our membership survey surrounded the whole area of aging network communications and recognition of the importance of service providers. One member contacted our office noting that, "It is ironic that in defining the aging network, we constantly hear about the Administration on Aging, the State Office on Aging, and the Area Agencies on Aging, but seldom even hear the term 'service provider', let alone recognition of the importance of this level within the network."

Perhaps this member was just tired after a day of struggling to get meals out, assess new clients, recruit volunteers, deal with the local community, monitor a caterer, supervise staff and carry a message to anyone who asks that this is a great program. Or maybe the idea of competing one more year for the privilege of providing this service was just too much. But in any case, the message was not an isolated one.

Private nonprofit agencies across America who provide service are at risk and Older American Act legislation should help them, not ignore or punish them. NANASP believes that the network of service providers deserves attention, recognition, training, and support. When the Act was first initiated, the environment for service providers was friendly. Collaboration, cooperation, and respect were terms heard often.

Communication within the network is now often restricted. Service providers are encouraged (or in some cases, only allowed) to talk with their own area agencies on aging. Training dollars have been significantly reduced at this level of the network, isolating service providers from their peers. Only the larger nonprofits of the very resourceful are finding ways to learn and grow professionally. Congress needs to look at this level of the network and find ways to ensure that it is nourished and cared for so that it is strong and prepared for the decades ahead.

CHANGING AND DIVERSIFYING THE PROGRAM

Nutrition programs and other supportive services need to change with their changing environment. The Older Americans Act needs to encourage diversity of programming and reward responsiveness to the unique characteristics of local communities. It needs to cast aside the strict hierarchical nature that has slowly but surely been accepted as the standard and facilitate partnerships first within the aging network, and then with private industry, community leaders, and other institutions.

In seeking these partnerships, we must be willing to alter our thinking. For example, meal standards for our programs were originally established nationally. Recently, state standards, which vary widely, have become the norm. If we want private industry to be our partner and develop products for our network, national standards are necessary to create an enticing market.

The Older Americans Act started as a uniquely consumer-oriented piece of legislation. It has become "bureaucratized", but Congress has the power to return these programs to the people and the communities that were the basis for the original law.

NANASP appreciates the support that each of you has given to the Older Americans Act and is ready to work hand-in-hand as we go through this process of reauthorization to accomplish the 1991 amendments.

Mr. CLARKE. Thank you.

Now we'll hear from Gail Martin, assistant administrative director of the National Association of Meal Programs.

STATEMENT OF GAIL MARTIN

Ms. MARTIN. Thank you. It is a pleasure to be here, and I think I'd like to congratulate everyone that is in this room currently, and has been in the room throughout the morning because we are 25 years into this Older Americans Act, and I think that it has served its purpose well.

From informal conversations in the oval office of President Truman through the authorization of the Older Americans Act in 1965, to March 22, 1972, exactly 18 years ago last Thursday when the nutrition component came into the Older Americans Act, we have all strived extremely hard to live up to the standards and to progress in taking care of our elderly. I think that most of us have been very pleased with the results.

I am Gail Martin. I'm the assistant administrative director of the National Association of Meal Programs. We are an organization of both publicly funded and private nonprofit programs representing both congregate and home-delivered meal programs.

We started in the early 1970s as an association, and our focus at that point was particularly geared toward the private nonprofit meals-on-wheels program who were not necessarily a part of the aging network of funded Federal programs. These organizations were in the business of providing meals long before the Government became involved.

I would like to very briefly go over some of the comments because it is getting late, and it is on record, from what I understand, through the written testimony that is available from us.

Mr. CLARKE. It will be a part of the record.

Ms. MARTIN. Okay. Thank you very much.

Recent data put together by Carol O'Shaunessy over at the Congressional Research Service, I think has been most helpful in analyzing and looking at some specific things as to how nutrition has functioned. The most significant data is that the home-delivered meals programs, and the number of meals, and the number of clients has increased by 160 percent from 1980 to 1988.

It is not just a trend; it is a very significant fact. Yet waiting lists remain in the home-delivered meal programs. The average waiting list in a NAMP survey of last year was approximately 70 people per program, ranging from a dozen or so in some programs to over 400 waiting list people for home-delivered meals.

That is only for the programs that are already in business. There are many towns throughout the country that are not covered at all by any home-delivered meal program, and they would include parts of Indian reservations and rural areas which has been touched upon quite a bit this morning.

Funding, at the moment, currently favors congregate meals, and that is a significant fact. We support that. In 1988, 82 percent of the funding appropriated was towards (c)(1) or congregate meal programs, and 18 percent was towards home-delivered meals. That translates into exactly $2.35 per meal for congregate meals from the Federal share and $.80 toward home-delivered meal programs.

After the allowability of transferring up to 30 percent of those dollars into home delivery, the statistics changed, and 73 percent of the Federal funds were put into (c)(1) programs, and 27 percent now went into home-delivered meal programs.

However, in the transfer of funds, we lost $27 million to (3)(b) and administrative costs at the area agencies. In earlier testimony, the flexibility—we support that. In theory, it is excellent because each individual area agency or State has its own specific problems. All programs need services, but what we have come down to is the decisions are not objective necessarily. They are very subjective. Nutrition programs suffer because of this.

It is like Solomon trying to cut the baby in half or saying to the two women that brought the baby before him, "What do you do?" There is not enough funding, and I think that has been said throughout. Therefore, to just play a shell game of moving the funds around, 20 percent, 30 percent, here and there, does not solve the problem at all. As we grow, there is even greater need, and the demographics prove that.

NAMP feels that the appropriation for nutrition should stay in nutrition and not be moved around to rob Peter to pay Paul. There is no national data on the unit cost per meal. Although food is a social program, and certainly the nutrition program is social. Food is social. It is ethnic. It is religious. It is psychological. It is many, many things. Food service is a business. It is very bottom line oriented. We need data on what should be an appropriate cost for a meal program and, thus, for a meal.

The swings from State to State, and from region to region, and from area agency, and nutrition program to nutrition programs are very great on what a meal should cost. We feel at NAMP that perhaps a new way of doing the nutrition program is not just a general category but to somewhat pattern it after the school lunch program that, indeed, the seniors deserve that same kind of attention in nutrition as the children do in this country. Therefore, to allocate the funds on a unit cost, a per meal basis that for each meal served, the Federal share will be a certain amount.

In taking the figures that I gave to you earlier of $2.35 for (c)(1) before transfers, and $.80 for (c)(2), and after transfers it equalized somewhat to $1.96 for congregate and $1.12 for home delivery. Perhaps we might, instead, say the unit cost would be $1.75 per meal for every meal served. That helps our programs, and this is a creative and new way of thinking of doing it which we must do, not just continually ask for more money.

This would help our programs in budgeting. I have talked to many State and area agency people about this. They, therefore, would know what the Federal share would be. At that point in time, they would be able to then go and say, "Okay, we get $1.75," and I'm just using that figure because taking the total appropriation and dividing by the number of meals that were served last year that's what it came out to.

The local programs could then go to their State, go to their local areas, and say, "This is what the Federal share is." Add to that 56¾ cents from USDA. We're now up to $2.30 approximately. The total cost to provide that meal, whether it's in a congregate setting which supplies many, many other services—transportation, nutrition education, health programs, exercise, et cetera—this is what is needed to complete the funding for that locally. They would have very specific figures to work on. Added to that, by the way—and I'll go into it in a minute—is a figure for cost sharing which we also see the need for.

We feel that the AAAs, as the intent of the law was, should be not in the business of direct services. The overview umbrella agency is appropriate. The planning, the coordination, the monitoring, the evaluation, the advocacy is a big enough job, in and of itself, that they should continue to explore what is already in place out there in the private nonprofit sector and not duplicate services because suddenly meals on wheels is a very popular expression. There are many programs out there that could be expanded upon in the private sector.

The reason we say that is because to be in the nutrition business—it is a very tough business. We often say that anyone that goes into food service is a little crazy to begin with. It's like being a foreman in a General Motors plant as opposed to being CEO of the company. The nutrition providers are the ones that really should remain in the business of providing meals. That includes many of the private nonprofits.

We feel, also, that training is absolutely essential. Remember, if it was 1972 when the nutrition program began, it is 18 years later. We are experiencing a large turnover in the number of people that are in the nutrition programs. When training does occur—and there is very limited training; it is at the State level or even at the area agency level—in nutrition, it is only for funded programs. Thus, the people out there that are in the private sector and supplying many of the meals are not included in the training.

If it weren't for NAMP and, indeed, NANASP, and our national conferences, and so forth, some of these people would have no idea of how to begin a program, how to recruit volunteers, how to be more cost effective, and so forth. We feel that training should cover all nutrition programs, all nutrition services.

Cost sharing—that is not new to the private nonprofit sector. Fifty-nine percent of their budget comes from client contributions, so we encourage some method of cost sharing to supplement those dollars that are coming from Federal, State, and local, plus the USDA. That would probably have to be learned, and we'd have to have a task force of some form to find out what would be the best method. Not necessarily means tested, but certainly sliding scale fees. I would base it, once again, something similar to the school lunch program where they have free, reduced, and full-pay lunches which are reimbursed on a per unit basis by the Government but in different varying amounts.

We also feel that cost sharing should not be placed only on in-home services and, thus, in our program meals on wheels but across the board on all services. The nutrition programs have been most successful in bringing in large amounts of money through client contributions.

The in-home services for home-delivered meals—it shows that, yes, about 59 percent of them are poor, recent data on that. They are also sicker so, therefore, a lot of their money, poor or otherwise, is taken for their own services.

Dietary guidelines—there has to be something done in the law—and I think Toby touched on this—as far as the recommendations for one-third of the RDA and a uniformed standard. We deal extensively with the private sector in major food companies. They feel that the senior nutrition program is probably where school lunch was 20 years ago, but it is extremely fragmented. There is no uniformity in what is needed in the meal programs. Is it 3 ounces of meat, meat protein, or alternate? Or is it one-third of the RDA which can be met in many ways through all components of the meal? The States are taking the initiative to try and define that.

The last thing that I'd like to discuss is USDA commodities. The greatest increase this past year, or in this coming year, is from USDA. They are putting more money into nutrition, yet there are many programs out there that are not getting any of the USDA cash or commodities from the Government. These programs are the private nonprofit programs. Because they do not get any funding from an area agency or a State unit on aging, and totally operate on their own through client contributions and private sources such as foundations and fund raising, they do not get the 56 cents. They are only entitled to charitable institution contributions of food. Those food items are minimal at best and awkward to handle. It might be 100-pound bag of rice. It might be large crates of sweet potatoes. Many of these programs are small and cannot handle that. They should also be entitled to the 56¾ cents, and we feel that even though the funding is not there, the oversight, and the management, and the audit must come from the AAA.

A lot of these private programs that are serving the seniors are leery. They don't understand how the AAAs operate. They have not been reached out to, if you will, and they don't want them really looking in their books constantly saying, "You must do this if you get USDA from us. You now must be part of the area plan. You now must do client tracking and all of the other things that are required of those programs that are funded."

These numbers, by the way, are not included in the home-delivered meal programs that are private. They are not included in any of the AoA stats. We estimate there is another 100 million meals being served out there that nobody knows about at the Administration on Aging because they are not under their funding arm.

Mr. CLARKE. We're going to have to ask you to conclude because we have to give up the room in about 2 minutes.

Ms. MARTIN. The last thing is to look into technology in aging. The old way of doing things may not be appropriate any more. Certainly for Indian reservations and for rural areas we might have to look into new methods in technology of serving them. Not a daily, hot, home-delivered meal, but possibly a week's supply of frozen meals. I thank you very much.

[The prepared statement of Ms. Martin follows:]

NATIONAL
ASSOCIATION OF
MEAL
PROGRAMS

TESTIMONY OF

THE NATIONAL ASSOCIATION OF MEAL PROGRAMS

AS PRESENTED TO THE U.S. HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HUMAN SERVICES
THOMAS J. DOWNEY, CHAIRMAN

REAUTHORIZATION OF THE OLDER AMERICANS ACT

GAIL H. MARTIN
ASSISTANT ADMINISTRATIVE DIRECTOR

MARCH 27, 1990

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POSITION STATEMENT

NATIONAL ASSOCIATION OF MEAL PROGRAMS, INC.

REAUTHORIZATION OF THE OLDER AMERICANS ACT

Mr. Chairman, the National Association of Meal Programs is pleased to have this opportunity to present its position on the reauthorization of the Older Americans Act.

The National Association of Meal Programs represents providers of both congregate and home delivered meals to people over 60 years of age and their spouses. The Association's membership includes providers whose programs are either completely or partially funded through the Older American's Act and the USDA donated foods program as well as non-profit private providers whose only federal assistance is donated commodities received as charitable institutions. These private non-profit agencies may also serve those special populations under 60 years of age in need of home delivered meal services.

Whereas more than 50 percent of the Older Americans Act appropriation is designated for nutrition services NAMP honors the Congressional intent of providing nutritious meals as the basis upon which to build and maintain the health of older people.

Since NAMP members provide nutritious meals as the principal, but not only, service to seniors in their communities, nutrition and funding for nutrition is a top priority of the Association. The Older Americans Act is now moving into the reauthorization process and therefore NAMP has reviewed the law and makes its recommendations for modification based on its view that a nutritious meal is the first priority and most other Older Americans Act services flow from or are at least indirectly dependent on the provision of nutrition services.

BACKGROUND

The following statement is found in the February 1, 1990 issue of the Community Nutrition Institute Newsletter, Nutrition Week:

" The Administration on Aging is budgeted for $748 million in FY 1991, an increase of $1 million from the estimated spending in FY 90. More than $400 million of the Title III funds are designated for the Older Americans Nutrition Program, but AOA is *embarassed by the stepchild program and does not show the breakdown. The agency has no staff designated to manage its largest program, and during the past ten years has gained Congressional approval to take up to 30% of the nutrition program funds to use for administrative costs or divert them to other programs. AOA is also very careful not to ask how much of the nutrition program funds are taken from hungry older Americans. Elderly Nutrition Program did get a $6 billion funding increase from the USDA Food Donations Program, bringing the Elderly Nutrition Program budget for FY91 to nearly $600 million. Since an inflation factor of 5-6% is included in the FY91 budget, the Elderly Nutrition Program should have been given an increase of $30 to $40 million."

NATIONAL ASSOCIATION OF MEAL PROGRAMS

LEGISLATIVE RECOMMENDATIONS

1. Older Americans Act

When the state units on aging and area agencies on aging prepare their state and area plans as required by law, all of the senior citizens in the state and area within the planning and service area are counted and included in the plan. This plan is used to allocate Older Americans Act funding. This means that certain members of the target population, served by providers who are not under the direct management and control of either the state or area agencies on aging, count for the purposes of federal allocations of Older Americans Act monies to the states and area agencies.

PRESENT SITUATION

Funding

NAMP notes that the Administration on Aging data for the 1988 fiscal year shows there were 2,748,986 clients in the C-1 program (congregate Meals) and 745,097 clients in the C-2 program (Home Delivered Meals). That means, according to AOA, there were over 2 million more congregate clients than there were for home delivered meals. That means that 21% of clients were home delivered meals clients and 79% were congregate meals clients.

AOA also notes that the Congregate Programs served

147,226,046 million meals in FY 1988 and there were 94,654,561 meals served in Home Delivered Programs. This means that 39% of the meals served were home delivered and 61% were congregate meals.

Carrying this further, AOA data shows that the dollars for C-1 meals for FY1988 were $344,664,000 and for C-2 $75,635,000 before any transfers. That equates to $2.35 for every congregate meal and $.80 cents for every home delivered meal. The funding split is therefore 82% for C-1 programs and 18% for C-2 programs.

After transfers we find, according to AOA, that $287,896,260 was allocated for C-1 meals and $105,632,970 allocated for C-2 meals. That equates to $1.96 for C-1 meals and $1.12 for home delivered meals. The funding split is therefore 73% for C-1 Programs and 27% for C-2 programs. It is also interesting that the total for meals went from $420,299,000 before transfers to $393,529,230 after transfers. This was a reduction of 6% in the total monies for meals. Looking at C-1 meals we find an actual funds reduction of $57 million after transfers (16% less). For C-2 meals, we find an increase of $30 million (40%). As can be seen, the transfer authority actually reduced the amount of funds going to meals for FY 1988 by $27 million.

Putting together the puzzle thus far we have the following:

1. Congregate Meal Clients were 79% of total clients;
2. Home Delivered Meal Clients were 21% of total clients;
3. Congregate Meals represent 61% of meals served;
4. Home Delivered Meals represent 39% of meals served;
5. Funds for Congregate Meals represent 82% of funds allocated before any transfers ($2.35 per meal);

6. Funds for Home Delivered Meals represent 18% of funds allocated before any transfers ($.80 per meal);
7. After transfers Congregate meals received 73% of total funds ($1.96 per meal);
8. After transfers Home Delivered meals received 27% of total funds ($1.12 per meal).

RECOMMENDATIONS

Whereas there is a growing need for home delivered meals with extensive waiting lists throughout programs and limited home delivered meal service in rural areas NAMP finds it unacceptable that the amount of funds for meals went down due to transfer authority. According to the recently published Congressional Research Service Report for Congress, "FY 1990 funding for nutrition services represents 46 percent of total appropriations under the Act ($1.2 billion); which is the same proportion of total funding appropriated for nutrition services in FY 1973, the first year nutrition funds were available. As a whole, funding for the nutrition program has grown less than the general rate of inflation as measured by the Consumer Price Index although the USDA component of the program has increased faster than inflation. The increase in the USDA component may partially be attributed to the fact that the law has guaranteed a fixed per meal reimbursement rate and, until 1988, required that the per meal rate be adjusted for inflation." Our view is that the Congress should limit transfer authority within Title IIIC from C1 To C2 or vice versa to transfers for the provision of meals and associated nutrition services only.

NAMP also finds that there are at present no specific guidelines from AOA to the states and area agencies on aging for allocation of Nutrition Program funds. Only where states have chosen to provide the same rate of assistance per meal, do we not find widely different rates of assistance per meal. NAMP believes that within the Older Americans Act the Congress should mandate that AOA publish guidelines for allocation of Nutrition Program Assistance on a unit or per meal basis and require that states and area offices on agencies follow those guidelines.

NAMP recognizes that per meal cost can include assistance for more than providing meals. Nonetheless we find that there is a need for the Congress to establish a minimum floor of assistance per meal which each provider is entitled to and then establish criteria through which the states or area agencies on aging can augment this minimum assistance level.

Providing an entitlement per meal served similar to the same methodology utilized by USDA would help local providers tremendously in their annual budgeting. It would place some certainty on what providers had to do to augment the minimum rate of reimbursement in terms of justification to the area offices on aging for additional funds, to the state legislatures for their responsibilities to the programs, and local fundraising efforts.

NAMP suggests that the Congress establish the per meal reimbursement level minimum at $1.75 both for C-1 and C-2 meals. That would mean FY 1991 spending of $423,291,062. NAMP also suggests that the Congress provide for adjusting this entitlement annually based on the Bureau of Labor Statistics cost of food away from home.

NAMP supports Sec.307 (a)(10) of the Older Americans Act whereby no direct services will be provided by a State agency or an area agency on aging except where provision of such services is inadequate.

The scarcity of federal state and local dollars and the need to get the most out of the aging network for services with the fewest dollars leads NAMP to recommend that the Congress require that AOA direct the state units on aging and the area offices on aging not to initiate new nutrition programs within their service areas until they have demonstrated in their respective state and area plans that new nutrition program services proposed do not duplicate those already offered by non-profit private agencies in their service area. Further state units and area offices on aging should be encouraged by the Congress to "use available resources efficiently and with a minimum of duplication" especially as it relates to nutrition programs.

PRESENT SITUATION

Training

Under Title IV - Training, Research and Discretionary Projects the law states that the purpose of this part of the Act is to improve the quality of service and to help meet critical shortages of adequately trained personnel for programs in the field of aging with five major goals including providing a broad range of educational and training opportunities to meet those needs.

According to the law, Sec 411(a) Grants and Contracts shall be made for purposes including:

- provision of comprehensive and coordinated nondegree education and training programs for practitioners in a variety of fields including nutrition
- provision of inservice training opportunities to personnel of State offices, area agencies, senior centers and nutrition programs to strengthen their capacity to remain responsive to the needs of older individuals
- provision of in-service training opportunities and courses of instruction on aging to Indian tribes through public and nonprofit Indian aging organizations

Furthermore, the Act states under Sec.307(a)(17) the state plan shall provide assurances that each State will provide inservice training opportunities for personnel of agencies and programs funded under this Act.

It is extremely important that the Administration on Aging, State Units on Aging and Area Agencies on Aging communicate and coordinate with the private sector programs. Many federal and state agencies are unaware of the total activities of the private sector programs and vice versa.

Most private sector programs have limited staff and financial resources. One reason private non-profit programs do not want to coordinate with federal or state agencies is because of the excessive demands and paper work placed on their programs.

Example:

The Texas Department on Aging developed a client tracking system. Meals on Wheels of Fort Worth, Texas was asked during the summer of 1989 if it wished to participate as a pilot program. MOW receives approximately 48% of its budget from the area agency on aging and raises 52% of its budget from fund raising initiatives. MOW stated it was agreeable but would need an additional computer and training in order to participate.

The computer was delivered and the software installed by the end of 1989. No training workshop was held and no input from the agency was asked.

On January 2, 1990, MOW was instructed to fill out a two page questionnair on each new client. By the 15th of January this was changed to fill out a questionnair on all clients who had received a meal since October 1, 1989 and to enter all information into the computer by the end of February. For MOW this was in excess of 1,450 separate clients who needed a two page questionnair filled out by a case worker and entered into a computer in less than 6 weeks.

MOW hired a person to enter all information into this computer, as well as paying case workers overtime for filling out paper work. The computer software experienced many glitches and repeatedly needed assistance from the local area agency staff.

This client tracking system has cost MOW money for hiring additional staff and overtime pay. During this time clients were also neglected in order to comply with this demand. Client tracking was at first presented as a pilot project but changed rapidly. Every Title IIIC program in the state has been required to comply. No local input was sought and the time frame has become unbearable.

From a managerial perspective, time frames should have allowed for adequate time to develop the software, train staff, inform programs in advance of their responsibilities and thereby allow them to participate fully in the implementation of a tracking system.

NAMP finds that training opportunities for nutrition service providers are exceedingly limited and when offered are only available to those programs funded under the Act. Non-funded private non-profit meal service providers within the planning and service area do not benefit from such training yet are part of the "coordinated and comprehensive community service systems".

RECOMMENDATIONS

NAMP recommends that language be added to the Act for training opportunities for nutrition providers regardless of funding source. NAMP also encourages the provision of such in-service nutrition training opportunities and courses of instruction utilizing existing public and non-profit senior meal organizations.

PRESENT SITUATION
Donations

Nutrition services for the elderly have been extremely successful in emphasizing the value of a suggested donation from the client to the program in order to maintain and expand services. In fact they have been the leaders in initiating a variety of public relations campaigns to make the elderly client aware of the costs of service. No other elderly service, unless privately operated, emphasizes a contribution. A multitude of anecdotal information exists to show this support as well as hard data on the increasing level of contributions.

The following table outlines donations from clients to meal programs from 1981 - 1988.

Fiscal Year	Million
1981	$79.0
1982	100.8
1983	116.7
1984	131.7
1985	140.1
1986	153.9
1987	163.6
1988 (est.)	173.0

These numbers also reflect an increase in the number of clients served, not necessarily a greater donation per person. Many of our programs are beginning to see long term clients' donations going down by as much as 40%, especially in home delivery. A national evaluation by Kirschner and Associates in 1983 found over one-half of congregate nutrition participants had limited income in 1981 (52 percent had income below $6000. Compared to congregate meal participants, persons receivin home-delivered meals were found to have less income (65 percent had income below $6000 in 1981) and to be in poorer health.

Directors of programs are forced to spend ever increasing amounts of administrative time on fund raising in order to finance their programs. It must be remembered that even in private programs receiving no federal monies, no one is refused service because of inability to pay for the meal. These folks are absorbed into the programs through outside funding resources. And of course the other methodology for dealing with this increased demand is the "waiting list". In NAMP's recent survey, the average waiting list was 70 clients for home delivered meals with a range from a dozen to over 400 per program.

RECOMMENDATIONS

NAMP supports a federal initiative on some method of cost sharing for elderly services. Precedents have been set in school lunch programs with free, reduced and full pay meals. Half pay fares in public transportation encourage use of the system. A self reporting mechanism by the client by means of the initial intake assessment questionnaire is potentially acceptable and would not necessitate extensive administrative paper work. NAMP does not feel that meals alone should be targetted for any cost sharing initiative.

If a set reimbursement rate for each unit (meal) @ $1.75, as previously stated, is enacted coupled with .5676 per meal from USDA, and a cost sharing initiative of let's say for example a voluntary contribution from those at 125% of the poverty level of

1.00 to cover the raw food costs only and $2.00 from all others would total $3.2676 and $4.2656 respectively per meal. Add to this the state and local funds plus any fund raising efforts and this is relatively close to the actual cost of meal service. There currently is no national guide on what the senior meal pattern of one third the RDA costs. A concerted outreach effort should also be made for qualified senior citizens to utilize food stamps in their donations.

PRESENT SITUATION
Dietary Guidelines

The current menu-planning guidelines utilized by Nutrition Programs for the Elderly are based on the 1968 Recommended Dietary Allowances. They have not been revised to reflect the current dietary recommendations by the National Research Council and the Surgeon General. Menus have been found to be high in fat and low in complex carbohydrates.

Most programs currently use a menu pattern guide which includes 3 oz. cooked edible portion meat or alternate, two 1/2 cup portions of vegetable and/or fruit, 1/2 cup dessert,1 serving bread or alternate, 1 pat butter or margerine and 1/2 pint of milk. Most states hold fast to the 3 oz. meat requirement rather than the one third RDA of nutrients from all sources which may cloud the issue when serving casseroles or a second cold meal for those home delivered meal recipients that qualify for such service. Is the law one third RDA total meal or 3oz meat/alternate specific?

RECOMMENDATIONS

NAMP recommends that state and area agencies review their menu standards to reflect the updated RDA's.

2. USDA CASH/COMMODITIES

PRESENT SITUATION

At the present time, there is limited access to the 56.76 cents per meal in reimbursement provided to senior meal programs for qualifying meals. This limitation is not a function of the USDA but rather of the AOA. No USDA commodity or cash in lieu of commodities assistance is provided to any provider which is not directly under the jurisdiction, control and audit authority of the state unit on aging or the area office on aging.

The existing rules for getting USDA commodities or cash in lieu of commodities reimbursement are:

1. each meal must meet 1/3 of the RDA;
2. meals must be served to persons 60 years of age or older or to their spouse;
3. a recipient of the USDA commodities or cash in lieu of commodities assistance is not required to be the recipient of funds provided either by the state unit on aging or the area office on aging. Funding for the local program can come from any source. However, the state agency on aging or area office on aging must oversee the nutrition service operation to assure that criteria 1&2 above are followed along with other applicable regulations and policies of the Department of Health and Human Services including unlimited data related to the Area Plan.

The per meal reimbursment rate of .5676 is subject to an authorization ceiling, that is, the Secretary of Agriculture is required to reduce the per meal reimbursement level in any year in which the cost of the program exceeds the authorization levels set by law. Although authorization levels have been raised in recent years to accommodate anticipated increases in the number of meals served, if the authorization ceilings specified in the law are insufficient to accommodate program costs (costs defined as the total number of meals served under the title III grant program x 56.76 cents per meal), the per meal reimbursement rate may be reduced.

RECOMMENDATIONS

NAMP believes that the Congress should provide for broader eligibility of senior meals programs for commodities or cash in lieu of commodities. To achieve this objective, NAMP suggests that the Congress impose only the following criteria on local providers for them to qualify for the USDA assistance:

1. They must be a non-profit or public agency;
2. They must serve meals that provide 1/3 of the RDA;
3. They must serve meals to those 60 years of age or older or their spouse;
4. They must agree to audits of 1-3 above by the state agency on aging or the area office on aging and maintain the records necessary to show compliance with 1-3 above.

NAMP estimates that in the first year 40 million more meals would receive the USDA assistance than at present. These numbers would then be counted in the AOA statistics on the number of meals and the number of clients served. Currently programs receiving no federal subsidy are counted nowhere. The additional cost would be $22.7 million. As the program matures and retention of records and auditing requirements become clear, NAMP believes an additional 30 million meals would qualify for this reimbursement. This means that the long term cost impact of this change could be as much as $45 million a year. However, NAMP points out that the requirement suggested earlier relating to steps being taken to prevent overlap and duplication of services already being provided in a community might well save dollars in the long run.

NAMP also suggests that the Congress provide for the level of assistance per meal be indexed to the Bureau of Labor Statistics cost of food away from home and that this per meal assistance be re-cast legislatively as an entitlement.

Mr. **Clarke**. Thank you.

I'm going to call on Congressman Pallone to ask any questions.

Mr. **Pallone**. I just wanted to ask about a couple of things with the nutrition program. These are just things that I see occurring locally, and I'm just wondering whether they're a national phenomena or not. You mentioned about the volunteers. Where I am in New Jersey, either exclusively or almost exclusively, the meals are handled at nutrition sites, and even home-delivered meals with the help of volunteers. Even though New Jersey a couple of years ago provided State funds—I think they were casino revenue funds—to expand home-delivered meals on weekends and holidays, they had a real problem doing that, not because of lack of funds for the meals but because of the volunteers.

I was just wondering—I think that Ms. Felcher alluded to problems with volunteers. Is it widespread that almost 100 percent volunteer help is used to deliver meals? Is there any way that we can—there are only so many volunteers. It's nice we have volunteers, and people really do volunteer, but there is a limit. I'm wondering if you're kind of reaching capacity in other areas in other States as well.

Ms. **Martin**. Congressman Pallone, I appreciate your comments on New Jersey, and I knew you there when you were a State legislator because I was originally deputy director of aging in Union County, New Jersey.

Mr. **Pallone**. Oh, okay.

Ms. **Martin**. Yes, indeed, the casino revenues were most helpful in getting weekend meal service in New Jersey. What happened then, however, is the State of New Jersey said that you had to have it delivered a hot meal one of those days. You could not deliver two meals on Friday. The State made that requirement. Therefore, the network of volunteers that would be necessary to open up the kitchen on Saturday, prepare that hot meal, deliver it, and give a frozen or cold meal on Sunday became a problem. They had the money, as you say, for the meal, but the State put a kicker in on how that meal was to be served.

In the last point that I alluded to in technology in aging, we may have to be realistic that the daily contact, although lovely to see if the person is up and alive, may not be appropriate in some cases. Perhaps a week's delivery of five meals or seven meals might be more appropriate, especially in very rural areas. Then, tap into volunteers on weekends who work all week but could spend a whole hour with that individual person of quality time.

Mr. **Pallone**. But generally these meals are delivered by volunteers. I mean, have you reached your capacity in that respect? There is nothing that provides funding for the people to actually deliver these meals through the Older Americans Act. Federal funds are not normally used for much of that. Am I correct?

Ms. **Martin**. Actually, it's a combination. A lot of the private nonprofit programs, yes, it is almost totally volunteer, in the car, six meals, whatever. However, in the program that I left in New Jersey and in many other programs, yes, indeed, there are paid drivers.

Ms. **Felcher**. In Baltimore there is a combination of volunteer and paid, and it's moving more to the paid volunteer.

Mr. **Pallone**. But the act doesn't really specify that? You're flexible. The funds can be used for the paid people as well.

Ms. **Martin**. Precisely. That is in the line item budget that is currently being used as the method of reimbursement not in the per unit cost that we have recommended.

Ms. **Felcher**. At the congregate meal site, there really isn't any difficulty in volunteerism because the participants themselves—

Mr. **Pallone**. Deliver them.

Ms. **Felcher**. They are there, and they take care of their own, so there is no problem with that.

Mr. **Pallone**. Right. Now what about the fee services? I know both of you talked about that. My experience, again, I'm just going based on having visited these senior centers on a somewhat regular basis. I don't really have any statistics. My impression is that you don't get much money. In other words, the few times that I've been at the senior sites where I am—and I'll admit that most of them tend to be in less affluent areas—they ask people for donations, but I don't think they get much. They don't charge when the person walks in, they simply pass around a hat at some point and say, "If you'd like to donate something, please do." I'm told they don't get much.

Ms. **Felcher**. I'd like to respond to that.

Mr. **Pallone**. Okay.

Ms. **Felcher**. In Baltimore alone we collect a quarter of a million dollars in contributions. What we have found nationally is that those people who can afford it the least are those people who are contributing the most.

Mr. **Pallone**. I believe that.

Ms. **Felcher**. Once you start putting the squeeze on people, it is a matter of pride. Rather than come and not be able to put some money in the envelope, they would stay home, and then when asked, "Why haven't you been there," they'll say, "Somebody needs that meal more than I do." That's a real debatable point. We believe that there is going to have to be cost sharing at a greater extent. We are really nervous, if you will, about how that is affected because we don't want to lose the very people that we want to serve. It is a very fine line that we walk.

Mr. **Pallone**. I agree with you. I'm not suggesting that you should charge an entrance fee because I totally agree with your analysis. I'm just wondering how much money they do get percentage-wise.

Ms. **Felcher**. $170 million nationwide last year.

Mr. **Pallone**. And generally that's what they do? What I outlined, right? It is just a voluntary—

Ms. **Felcher**. Yes. They are told how the program runs. They should be told how the program runs and what the money is used for. Then we say, "Let your conscience be your guide." In the meal site, we post the actual cost of the meal.

Mr. **Pallone**. Okay. Ms. Felcher, I just wanted to ask you something I'm not sure I understood. When you were talking about how over the years the transfers have not been between the two meal programs, or freely between social services and nutrition, virtually all transfers of funds have been in one direction from congregate nutrition to these other categories. You're saying that the money is not being used for meals? It's being transferred to other things?

Ms. **Felcher**. That's exactly right.

Mr. **Pallone**. What types of things?

Ms. **Felcher**. III-B, all the supportive services in III-B.

Mr. **Pallone**. Do you mean personal—

Ms. **Felcher**. Wherever the area agency thinks there is a need, they will transfer money from III-C(1) into III-B, or from III-C(1) into III-C(2). We don't want to limit the services that each of these subsections provide. We're just saying, "Give everybody the money that they need."

Mr. **Pallone**. I'm fearful of that because as much as I think that those other services are important—and you obviously agree—I do believe that the meals are really the most important. I know that there is a shortfall. I have seen that in New Jersey.

Let me ask two more things. What do you propose that we do in that regard? Put something in the law that would restrict those types of transfers?

Ms. **Felcher**. Well, in previous years we have asked for a lessening of the percentage. We are all direct service providers. We know that there is great need. We don't want to be self serving, and say, "Don't do it." That's not what we're about. Basically, we just want appropriate amounts of funding. I don't know whether I'm answering your question, but I really need to address that issue in another way.

A congregate meal program is really the beginning of the long-term care, in-home services process. To cut back III-C(1) dollars is so short-sighted it is incredible to me that folks who are working in the aging network don't realize what they are doing. Keeping people well nourished keeps them out of the model that they need in-home service for a longer period of time.

If I don't say anything here this morning, I would say that please think of the congregate meal program as a program that keeps people well and healthy for a longer period of time, so those very expensive dollars at the end of the continuum don't keep escalating the way that they have been. What we're seeing is the exact opposite.

Mr. **Pallone**. Yes. I agree with you because it is just obvious that if people don't have adequate nutrition, then there is no point in talking about other types of care.

Ms. **Martin**. It begins with that. It is the basis of life—the roof over your head and the meal. We also support that with congregate.

I think what the Older Americans Act has to do is decide if this is a health promotion/disease prevention program, or is it going to become just the last chance of a meal for the very ill, frail, at home, which is increasing. There really should be enough money for both.

Mr. **Pallone**. I don't know. I see that the doors seem to be open, but—

Ms. **Martin**. They're locking us in.

Mr. **Pallone**. Can I ask one more question? When I was in the State legislature, I noted there were constantly efforts to get the State to subsidize new programs. For example, we would have certain congregate centers, and they would ask to have new ones opened with State funds because the Federal dollars were limited, or we would have so much money going for meals on wheels, and they'd ask for State funds to expand it or, as I mentioned, expand to weekends and holidays.

To what extent is that happening in States? Are they able to supplement these programs and look into expansion of nutrition services? Is that not very common at this point?

Ms. **Felcher**. I don't have the statistics right here in my head or at my fingertips. I can say to you that we would not have been as successful as we have been through the years in expanding meal service if States hadn't jumped in and paid part of the tab. In Maryland alone, in the last several years, we have received more than $1 million each year from the State legislature for nutrition services.

Ms. **Martin**. I have a survey that maybe will help Toby out here from NAMP that 59 percent of the funding came from Federal sources in congregate, and 16 percent came from the States, and 9.6 percent from local government. I hope that helps.

Mr. **Pallone**. That is helpful. I know that in New Jersey the supplementary funds would never have been there if it wasn't for the casino money, so I wonder sometimes if other States are able to provide it. It had to come from general revenue, I don't think we would have received it.

I had one question just for the record. This is for Gail Martin. Your statement raises the question of direct provision of services by State and area agencies on aging and recommends that such agencies demonstrate that proposed nutrition services do not duplicate existing services. I guess the question is do we have problems here? Are State and area agencies offering duplicative services? Isn't there enough need to go around?

Ms. **Martin**. Not all area agencies; you can't make a blanket statement. I'll give you an example of one in the middle of the country whereby there is a private program of home-delivered meal services providing 1,400 meals a day, that takes not a dime of Federal money, that uses all volunteers. The local area agency recently decided because meals on wheels "has become such a famous and popular name," and a grant was available that they would put together a meals-on-wheels program to get a grant, which they did. It, therefore, competed with a local nonprofit agency. It does occur. That's a classic example.

Mr. **Pallone**. All right. I guess we're out of time.

Ms. **Martin**. Okay. Thank you.

Mr. **Pallone**. All right. The hearing is adjourned. Thank you all for coming.

[Whereupon, at 12:11 p.m., the hearing was adjourned.]

APPENDIX

APP

NATIONAL
ASSOCIATION OF
MEAL
PROGRAMS

April 9, 1990

Mr. John Ollinger
House Select Committee on Aging
811 House Office Bldg. Annex 1
Washington, DC 20515

Dear Mr. Ollinger:

Enclosed are two current articles relevant to NAMP's testimony. The one on food costs addresses the point we are making that a pot of money for "nutrition" means nothing when it is allocated in varying amounts, for varying services at varying prices and the AAAs have no absolute data on what they are buying. As a state unit on aging recently told us, if they had information on unit cost per meal, they would be able to petition their state legislature on what they would have to additionally kick in for the nutritional care of their elderly. Pinning down meal costs on a per meal basis would allow the AAAs to subjectively add to a nutrition project contract for additional services such as transportation, shopping assistance, etc. or not depending on the need and quality of that service within the agency.

The article from this month's Food Management magazine highlights two of NAMP's members, one large congregate/home delivered meal program and one private non-profit Meals on Wheels. The piece of the GAO Report on cost sharing doesn't hold up in our experience within this second segment of service providers who have traditionally utilized volunteers and initiated cost sharing. As you can see the average contribution in the Dalles, Oregon program is $1.27 and the area served is rural and poor.

This reiterates what we have been saying all along; namely, the government speaks of coordinated community services but doesn't have any data on the agencies out there that do not receive federal funding that are and have been doing what is now being proposed. How about the creativity of this autonomous agency in getting food to the most isolated?

Food is physical, psychological, social, ethnic, religious, age and gender specific. etc. Food service, however, is a business

204 E Street, N.E., Washington, DC 20002
202-547-6157

and that component of our elderly services should have common financial standards.

The following is sample data on how the school lunch program runs.

Federal approximate reimbursement rates per meal are:

	Free	Reduced	Paid
Cash*	2.00	1.75	.14
Commodities	.13	.13	.13
Bonus** Commodities	+	+	+

* indexed to cost of food away from home
**dependent on what is available in any given year

Schools supplement these funds through sales of a la carte items, catering, senior meal contracts, summer feeding programs, and child care. Approximately 37% of the schools have unionized labor. Average food cost runs about .79 plus commodities. They run their entire foodservice on the above funding!

I will continue to forward appropriate materials to you for your consideration.

Sincerely,

Gail Martin

Gail Martin
Asst. Adm. Director

cc: Carla Jutson, President
enclosures: Food Management Magazine article
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LOOKING UP

WHAT ARE FOOD COSTS?

Walter J. Schruntek, Editor

The non-commercial foodservice industry desperately needs a common standard to determine food costs. That's one of the painfully clear conclusions to come out of our recent census surveys and from personal conversations with operators around the country recently.

The question at the root of it all is: Just what is a meal, anyway? Talk to any five f/s directors and you'll probably get three different answers. We did.

Two months ago, *FoodService Director* published the first of a new series of performance reports on hospital foodservice operations—comparing self-ops and contract-managed units.

Our intent was to take a step toward establishing some meaningful measurements on f/s performance for each of the market segments on meal-counts and total food purchases.

When we started tabulating results from over 2,000 questionnaires, we noticed wide variances in reported figures. So, we spot-checked and learned that there is little or no consistency in how costs or meals are figured.

- Contractors use FTEs, occupied beds and meals-per-hour to judge their efficiencies and costs.
- Some self-ops rely on net-cost-per-patient-day. Others reduce the figure to a cost-per-meal ratio. Some throw labor costs into purchases, others raw food alone.

In short: The methods used for keeping track and reporting to management how well they're doing are all over the parking lot.

Why the differences: One hospital operator in the midwest says he'd probably prefer to keep standards "loose"—to allow more "creative bookkeeping" in his department.

But the letters below illustrate there's recognition that this isn't the way to run a business anymore—an attitude that's also reflected among college and B&I operators.

There's room for improvement, because f/s operators (self-ops and contractors) are being judged more and more by stricter economic standards.

Measuring performance: For the record, did we accomplish our goal of defining a measuring standard in hospital f/s? Candidly, we have to say: Yes and No.

The information is not consistent from unit to unit and fails the test as a usable industry yardstick on most counts.

But, based on the willingness of operators to respond to our researchers, we think the door is open to developing the kind of standards that will be needed in the business-minded P&L-oriented decade clearly ahead.

Call to arms: And we want to urge the major industry associations to join forces to develop a generic standard for measuring meal-counts, meal-costs and food purchases that will become meaningful tools and measures of operating efficiency that will be called for in the '90s.

A generic industry standard, in our view, should also include specific "riders" that apply to the unique needs of each segment.

- A hospital formula could in[illegible] ratio for patient meals and employee cafeteria-counts and another for ancillary sales (catering, take-out).
- College operators could have a common method for figuring meal-plan income and cash sales into meal-counts and food purchases.

The point is: there is a critical need for common standards—and a mindset that running foodservice as a competitive business will be essential to survival and success in this decade as never before.

Call to action: *FoodService Director* is willing to volunteer its time and services to such a project. We will take an initiative by contacting all major industry associations to see what machinery exists for standards-setting and rule-making and offer our help and energies to get a joint-industry-committee-on-food-standards off and running in the immediate future.

A reliable reporting standard makes sense. And we think the time is now. (We'd like to hear your comments and reactions to this issue and proposal. Please write in.)

LETTERS TO THE EDITOR

JUST WHAT IS A MEAL?

Sir: Your report "How Hospital F/S is Performing" (FSD, Jan. 15, p. 45-47) illustrates how differently hospitals calculate per-meal food costs (and specifically how meal-counts are determined). Reporting meal costs of 60¢ in 1988 and 63¢ in 1989 is meaningless except to compare the years. An article or study on how individual hospitals are handling this aspect of their financial reporting would be very helpful.

Your publication is great—keep up the good work.

Kathy Lawson, RD/Admin. Dir.
Hermann Hosp., Houston, TX

CORRECTION

Sir: The correct figure for the University of Tennessee Medical Center's food cost for 1989 (FSD, Jan. 15, p. 47) should have been $2,260,000, 2.7% over 1988's purchases (not the $2,860,000 figure listed).

Jim Peacock, Dir. food/nutri. services
Univ. of Tennessee Memorial Hosp.,
Knoxville, TN

ABOUT THE '90's FORECAST

Sir: I want you to know how much I enjoy your magazine: the articles are always concise, to the point, informative and speak to the issues close to the hearts and pocketbooks of those in foodservice.

I especially enjoyed your January 1990 issue and your forecast for the '90s.

Jack Aldridge, foodservice manager
Haywood County Hosp., Clyde, NC

Sir: I enjoyed your "Outlook '90-'91: Tougher times for cost-containment" forecast article. It was interesting and covered a complex variety of topics.

Just one clarification: The name of the American Society for Hospital Food Service Administrators (ASHFSA) was misprinted in one portion of the article.

Marilyn J. Hughes, RD, MBA, DHCEA
Pres. ASHFSA, Dir. of Food/Nutrition
Valley Med. Ctr., Renton, WA

ABOUT RECYCLING

Sir: In "Your Vote" section of the Jan. 15 issue (p. 2), the majority of respondents indicated they would be willing to pay more for substitutes to polystyrene cups, plates and containers (commonly referred to by their Dow trademark, styrofoam).

I assume foodservice directors would switch because they are concerned about the environmental impact of polystyrene. So is our industry.

To protect the ozone layer, the polystyrene industry was the first to eliminate the use of CFCs in Feb. 1989. We switched to a compound recommended by the EPA as an excellent alternative. This move was hailed by the environmental community as a model for the industry.

While it's true that polystyrene is non-biodegradable, this is not the issue. Materials don't just disappear in landfills. In fact, newspapers have been recovered that are readable after 40 years.

Recycling our solid waste—not burying it in landfills—is the sound ecological option. That's why we formed the National Polystyrene Recycling Co. Its initial goal is to make possible the recycling of 25% of post-consumer polystyrene by 1995. With plants already on line, this goal seems well within reach.

R. Jerry Johnson, Exec Dir.
Polystyrene Packaging Council
Washington, DC

Vol 3(3).

GAO mailed a questionnaire to all state units on aging and all 675 area agencies on aging and also examined in detail certain aspects of cost-sharing programs in three jurisdictions. All 50 states and Washington, D.C., and 73 percent of the area agencies on aging responded.

Results in Brief

A growing number of state and area agencies on aging charge some elderly clients fees for in-home services funded through private and government sources. Typically, agencies use cost sharing for services that have a relatively high cost per client, such as adult day care and homemaker services.

Agencies on aging that responded to GAO's survey had a generally positive attitude toward cost sharing. Whether or not they currently cost-shared, respondents were more likely to favor than oppose amending OAA to authorize the practice specifically. Agencies that cost share indicated that it (1) allows them to serve more elderly clients and broaden the range of services provided and (2) is more likely to reduce than increase the possible welfare stigma associated with agency-provided services.

To preserve their commitment to serving the low-income elderly, cost-sharing agencies have built into the program such protections as sliding fee scales. Indeed, because their incomes are below the minimum at which charges are levied, most clients still receive the cost-shared services free. Among those paying fees, the fees represent a small share of income and cover only a fraction of the cost of providing the service. Eligibility and fees generally are based on self-reporting of income.

Principal Findings

Cost Sharing Extensively Used

Currently, cost sharing for in-home services funded by federal (other than OAA), state, and private sources is used to some extent in 36 states. About a third of the area agencies on aging responding to our survey use cost sharing. Most often, such services as adult day care, home health, and personal care services come under cost sharing. There appears to be little use of it for access services, such as transportation, outreach, and information and referral, or for services traditionally supported through volunteer efforts, such as home-delivered meals and friendly visits. (See pp. 12-15.)

FOOD MANAGEMENT

RCH 1990

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HOME CARE

With the help of volunteers from coast to coast, operators of home-meal delivery programs are helping needy seniors preserve their dignity, environments & cherished independence, providing nourishment for bodies & souls.

By Mitchell Schechter
Photographs By David B. Sutton

Take a look at Mrs. Elsie Schmidt in the photograph across the page; she's 93 years old. Mrs. Schmidt lives in Madison, Wisconsin, and one of the reasons she's still able to wake up in her own bed, carefully arrange and clean the many mementos she acquired with her late husband (who died of cancer in his 80s some years ago) and feel her life is her own, is the hot, nutritious, complete meal she receives five days a week from volunteer-drivers working for the Mobile Meals Program of the Visiting Nurse Service (VNS), a private, non-profit group active in local home-meal delivery since 1970.

The younger woman sitting with Mrs. Schmidt is Irene Hansen, a longtime VNS volunteer whose route allows her to deliver an identical meal to her own 88-year-old mother-in-law after she's called on Mrs. Schmidt. The meals delivered by Irene Hansen, her husband Duke and dozens of other volunteers were prepared under the supervision of Zita Hicks, R.D., who, as director of food and nutrition services for Meriter Retirement Services Inc., oversees a central production kitchen located in Methodist Health Center, a nursing home component of parent company Meriter Health Services Inc. (Meriter Health Services was formed in 1986 by the merger of Methodist Hospital and Madison General Hospital, and it operates as a not-for-profit healthcare system.)

Hicks is one of seven, Madison-area "meal providers" who have contracted with VNS to prepare and assemble some 250 meals on weekdays and about 110 on Sundays for delivery to local homebound seniors. VNS, in turn, is only one of the hundreds of organizations nationwide that strive to help America's growing number of increasingly long-lived senior citizens to maintain themselves in their environment of choice.

Looked at nationally, the extent of need among America's elderly for home-delivered (and congregate site) meals is staggering. According to the most recent federal Administration on Aging estimates, some 220 million such meals were served in 1988. One-third, some 74 million meals, were produced by the 600 members of the Washington, D.C.-based National Association of Meal Programs (NAMP).

NAMP is a 17-year-old organization of professionals and volunteers who work in programs providing home-delivered and congregate-site meals to older Americans. NAMP works with all persons and groups developing or operating such meal programs and lobbies Congress on their behalf. NAMP members are divided into two categories: those programs that serve home-delivered and congregate meals and receive 56.75 cents per meal reimbursement from USDA in either commodity form or cash; and non-profit private programs that receive no USDA reimbursement. NAMP directors and two member-operators testified before Congress last fall, stating that, according to their information, some *400* million home-delivered and congregate site meals are in fact being served each year to seniors. NAMP representatives also stated that this 'market' is growing by 10% to 12% each year, and opined that more productive, cooperative agreements need to be established between operators of meal programs of all types and USDA if the nutritional well-being of homebound citizens is to be safeguarded. NAMP spokespersons specifically urged USDA to look for ways to supply senior meals programs with desirable commodities in usable forms and amounts, and to extend the National Commodity Processing Program.

National numbers and debates over how best to serve America's homebound help to frame future policy decisions. The concerns of the four operators of home-meal delivery programs *FM* interviewed recently were more pragmatic, immediate and typical of program managers around the country. In communities like Madi-

HOME CARE

son, The Dalles, Oregon, and Lauderdale Lakes, Florida, program managers are searching for ever-scarcer skilled workers, trying to make effective use of often unpredictable donations, appealing on radio and in print for volunteer drivers, trying to tie break-even (at best) home-meal activities into hospitals' development of new revenue-producing services, and struggling to devise the most nutritious yet cost-effective menus possible for their often infirm clienteles.

Though Zita Hicks' kitchen turns out just shy of 90 (or almost 37% of all VNS-contracted meals delivered weekdays to homebound Madison seniors), this total represents only a small fraction of the facility's 1,000 meals per day production. Hicks' 39.8 FTE staff actually turns out up to six dietary variations of daily selections from a seven-week cycle menu for four "customer bases": residents (and staff) of a 120-bed Retirement Services-operated nursing home laid out on two floors above the kitchen in the Health Center building and about 20 clients who spend weekdays in a new adult daycare unit on the center's ground floor; more than 200 seniors residing in a 210-unit independent living high-rise facility with a common dining room; some 80 more-care-dependent elderly who live three blocks away in Meriter's "Elder House" facility (a hybrid housing concept offering both independent living and the availability of 24-hour healthcare), and, of course, those seniors residing in the central- city and east-side neighborhoods of Madison, whose independence is preserved by home-delivered meals.

Every volunteer then sets off separately to deliver their bounty in different neighborhoods to those who cannot cook for themselves but who will not leave their homes.

VNS' Jane Snowden and meal provider Zita Hicks (above, left and right), review home meal menus in Hicks' office while VNS' Patty Barnett passes weekly delivery routes to Hicks' secretary, Kim Karlin-Kamin (below).

Hicks' tight but efficient kitchen operates daily from 5:30 a.m. to 8 p.m. This current volume has stretched the facility's production capacity to the limit. Home-delivered meals are prepared (according to each recipient's diet requirements *and* food preferences) in the early a.m., and all hot items are brought to a well-lit trayline by 10:20 a.m., when meal assembly commences. A typical home-delivered meal might contain generous portions of cube steak (with or without gravy) or an alternate entree, fresh broccoli, a green salad, mashed potatoes and a choice of two desserts such as yellow cake with chocolate icing or fresh fruit.

"Almost all the items we prepare are made from scratch with fresh foods," said Hicks, a highly organized individual with a warm regard for those she works with and a degree in dietetics from Stout State University in Wisconsin. Hicks, who had worked as a dietitian and then as a food and nutrition services manager at Madison's Methodist Hospital since 1972 before taking over Meriter Retirement Services' food and nutrition services in 1985, listed pot roast, Boneless Chicken Breast in Cream Sauce and stews as loca home-meal recipients' favorites. "They don't care much for ethnic cuisines or casseroles," Hicks added. "When we prepare fish, about 40% will request an alternate entree. Our clients are mostly Northern European in background, and they like their meat, potatoes and vegetables."

By approximately 11 a.m., hot meal components, packed into foil trays with cardboard-lids that are labeled with recipients' names, addresses, special diets and/or dislikes, route number and stop are loaded into heavy, metal "pizza ovens," each one holding all the hot foods distributed along one of Meriter's eight delivery routes. Cold items, similarly labeled, are packed in insulated plastic coolers, and all meals are carted by staffers out onto the center's loading dock. Volunteer drivers, who receive neither payment nor expenses, many of whom are over 60 or former meal recipients themselves, arrive around 11 a.m. to load filled pizza ovens and coolers into their vehicles. Volunteers then set off separately to distribute their bounty in different neighborhoods to those who cannot cook for themselves but who will not leave home.

Besides preparing a week's worth of meal deliverers' route sheets every Wednesday, VNS' Mobile Meals Program, coordinated by Patty Barrett and Jane Snowden, handles all client referrals; enrolls all who are homebound, unable to prepare meals for themselves or have no one to cook for them; determines clients' dietary requirements, and passes them on to meal providers. All Mobile Meals' recipients are charged $3.50 per meal and are billed monthly. (Meal providers, who see their participation as a community service, receive $2.65 per meal in compensation from VNS.) If a recipient cannot pay the entire $3.50 charge, VNS will "subsidize" that client, drawing on monies made available from the United Way and Dane County Aging Program, its chief sources of Mobile Meals funding.

Besides Zita Hicks' crew at the Methodist Health Center, VNS has contracted to have Mobile Meals prepared by foodservice staffs at St. Mary's Hospital, Attic Angel Retirement Home, Oakwood Retirement Village, Karmenta Nursing Home, Leader Nursing Home and Sunny Hill Nursing Home. All are located in and serve the greater Madison area. While Hicks' and Sue Liebenstein's St. Mary's operation produce nearly two-thirds of the Mobile Meals served throughout the week, other providers contribute as few as eight to 12 meals per day that are distributed along a single route.

"Because the demand for home-delivered meals, especially weekend meals, is growing in Madison, even those providers whose kitchens can only produce a few meals a day for us are vitally important," affirmed Jane Snowden, whose work with the Mobile Meals program has allowed her to fulfill her desire to help the needy directly. Coordinator Patty Barrett, whose background in social work led her to take a position with VNS in 1988, explained that, "increasing demand for home-delivered meals has been fueled by the growing prevalence of healthcare treatments that remove patients from hospital environments more quickly than ever, or obviate inpatient treatments altogether. As a result, more 'patients' are residing at home, even when they cannot cook or shop for themselves."

While Hicks (above) checks meal recipients' dietary requirements staffer Mary Tebo loads meal trays with specified foods.

In Madison, some hundreds of volunteers (like those shown above and below) deliver mid-day meals to relatives and neighbors.

With meal providers near capacity and new volunteer-drivers next to impossible to come by, Snowden and Barrett agreed that the addition of perhaps one more route this month would represent VNS' optimum response. On a more positive note, the coordinators revealed that, for the first time, VNS is being reimbursed for home-meal delivery services by one recipient's HMO insurer; the company having determined that it was cheaper for the recipient to be treated as an outpatient and receive meals at home than be hospitalized.

"We really hope this is the beginning of a trend," said Snowden. "It's time for home-delivered meals to be considered reimbursable."

Whether Snowden's wish will be fulfilled remains to be seen, but there's no question of the value Madison-area seniors place on the meals they receive. "They're my life line," recipient Clara McCarthy, whose meals are prepared in Hicks' kitchen, said simply. Chairbound, ailing, living with a daughter who works fulltime, Mrs. McCarthy would have little choice but to follow her seriously ill spouse into a nursing home if not for the daily nourishment she receives Mondays through Fridays. "Now, at least I know I'll have one square meal a day," McCarthy added. "At night, I just have a bowl of soup or something, because the portions in my mid-day meals are so generous."

Elsie Schmidt agreed with Mrs. McCarthy, saying that the sustenance offered by her home-delivered weekday meal leaves her desiring only a piece of fresh fruit in the evenings. Asked to choose her favorite meal, Schmidt replied, "I really couldn't say; so far, there hasn't been one I haven't liked." What does she do on weekends, a visitor wanted to know. "I try to make soup," responded the German-born nonagenarian whose appearance was as immaculate as the memory-laden rooms of her small frame home. "A

HOME CARE

Snowden & Barret revealed that for the first time, VNS is being reimbursed for home-meal delivery services by one recipient's HMO insurer.

big kettle of fresh vegetable soup is enough for me."

Other recipients, like 88-year-old Mrs. Ida Hansen whose son and daughter-in-law drove this visitor along their meal-delivery route, have larger support networks of friends and relatives than the widowed Elsie Schmidt. All, however, are 'survivors' who share a degree of neediness belied by the neat rows of small private homes and low apartment blocks that fill the streets where most reside. This apparent anomaly was explained by Duke Hansen during the course of his deliveries.

"A lot of these homes were bought after World War II by people working at Oscar Mayer and other big plants," the leathery faced, sweet-natured volunteer recounted. "All they had were their wages and homes and, now, many are retired, most without spouses, and they're determined to live out their days where they raised up their families. That's why they fight so hard to hang onto their independence; they don't want to be institutionalized."

Duke and Irene Hansen became Mobile Meals volunteers back in 1985, when his mother joined the program. "We realized that they needed help and we needed the service for Mom," Irene Hansen said, "so we offered to deliver meals three days a month."

"We have one veteran volunteer who recently broke her hip, and now she's receiving meals at home until she's ready to start delivering again," added VNS' Barrett. "Another volunteer is a 94-year-old woman. She's older than everyone on her route and drives by herself from St. Mary's."

"We all benefit a great deal from the quality of life we enjoy here in Madison, and many of us believe it's our simple obligation to give back what we can," offered St. Mary's Director of Dietetics Sue Liebenstein. "This hospital tries to do its part for the community by taking on a large fraction of Mobile Meals' production."

Though the more than 80 home-delivered meals produced five days a week in Liebenstein's spacious production kitchen account for about one-third of the VNS-contracted total, this figure pales beside the facility's total production volume of 3,500 meals per day. (Besides the weekday complement of Mobile Meals, St. Mary's patients usually require 650 meals per day; 2,100 meals are served daily in a recently remodeled 400-seat employee cafeteria; 660 meals or meal components are prepared each day for on- and off-premise catered functions, and some 20 to 25 meals a day are prepared for distribution to clients at St. Mary's nearby adult daycare center.)

Volunteer Irene Hansen has taken great pleasure over the past five years in delivering mid-day meals to her 88-year-old mother in-law, Mrs. Ida Hansen, whose motto is, "Life is short; eat your dessert first."

In St. Mary's foodservice offices, secretary Donna Schmelzer stays in close phone contact with Barrett and Snowden at VNS to keep the home-delivered meals program operating smoothly, recording late changes to daily routes, as well as typing up diet and meal assembly instructions. The 67 FTE foodservice staff here are divided between front- and back-of-the-house, and those who work in the kitchen have been cross-trained, according to Liebenstein, to assemble Mobile Meal diet combinations, as well as perform other jobs.

"Our home-delivered meals menu has been patterned on our one-week cycle patient menu," Liebenstein noted, "but it and our cafeteria menu run on four-week cycles." Liebenstein emphasized that 'her' recipients most appreciate "softer foods, such as canned fruit, chicken and fish (especially cod) dishes, due to common chewing and swallowing problems."

At St. Mary's Hospital, which is part of the 15-hospital St. Mary's system, Mobile Meals are prepared between patient/cafeteria breakfast and lunch production periods, and are loaded into carts, taken up one flight and wheeled onto a large loading dock for volunteer pickup by 11 a.m. Though Liebenstein spoke proudly of the 'home-made' soups and fresh baked goods that her staff prepare for meal-recipients, she lamented the dif-

continued on page 140

HOME CARE

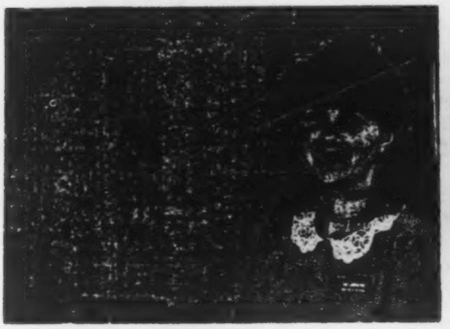
Homecare

continued from page 138

ficulty of finding skilled, qualified workers. "Unemployment in Madison is about 2.2%, and we face lots of competition from fast food restaurants and other service businesses for workers," she explained. "Now that the labor shortage has really hit the Midwest, when we have an open position, it usually takes at least six weeks to fill."

Liebenstein came to St. Mary's six months ago, after having worked at Methodist Hospital for 13 years, lastly as an assistant foodservice director. When speaking of St. Mary's service priorities, Liebenstein said, "Our goal is to provide top-quality services that meet community needs. Nineteen-ninety has been declared The Year of the Aging at St. Mary's, and we're looking to serve area seniors any way we can," Liebenstein explained. "Many want to stay in their homes at all costs. When they can no longer be independent, they lose their will to live."

St. Mary's Sue Liebensteen (below, left, before a blueprint of her recently renovated servery) is one of seven Madison-area meal providers who meet quarterly with VNS personnel (below, right) to review program growth, revise procedures and menus, and plan "volunteer appreciation" celebrations.



One individual whose determination to survive and help others was not even broken by childhood poverty during the Great Depression, an early widowhood and the burden of raising six children alone, is 70-year-old Mildred Kempton, director of the Pioneer Potlatch home-meals program, based in The Dalles, Oregon. Kempton founded this NAMP-member program in 1976, at a time when she was driving a bus for a senior center and becoming increasingly concerned about the fate of her elderly neighbors. "At that time, according to the State Department of Health, seven seniors a day, 200 a month, were dying of malnutrition in Oregon," Kempton recalled. "I believe a part of it was loneliness, because some people were found dead with freezers full of food. They'd simply lost the will to live. I know what it is to struggle, and I think the Lord has called me to help nurture the hungry. That's why I started this program."

In isolated areas of Oregon, neighbors of meal recipients are shipped foods that they prepare daily & personally deliver to those in need.

Privately funded, Pioneer Potlatch gets 75% of its assets from private donations, 12.5% from meal recipients' contributions that average $1.27, and 12.5% from fund-raising drives. The program provides meals to those who are over 60 or handicapped in 11 rural areas spread over Oregon's Hood River, Wasco and Sherman counties. With additional congregate-site feeding programs operating in each area, Pioneer Potlatch kitchen crews prepare meals in 11 separate, state-inspected facilities; all told, the program produces 26,000 meals per year, and deliveries are made seven days a week to even the most isolated rural recipients. In The Dalles, however, where Pioneer Potlatch operates a kitchen in a local Salvation Army center, both lunch *and* dinner are prepared for needy seniors every Wednesday.

"Many local farmers donate produce like apples and potatoes to us," Kempton said, "and we also receive many surplus items from food stores and bakeries. Once a month, the Oregon Food Sharer Organization distributes foods that we can buy for 10 cents a pound." When donated, foods are stored in a facility in The Dalles before being distributed to lo-

continued on page 142

HOME CARE

> "Our seniors' greatest fear (is) being deprived of a chance to determine their own fate. They need to stay independent, but they also need to know that someone cares for them and will check on them daily." —Mildred Kempton

Homecare

continued from page 140

cal meal preparers who operate out of churches and Grange halls. According to Kempton, in the program's most isolated reaches, neighbors of meal recipients are shipped foods that they prepare daily and personally deliver to those in need.

However prepared and wherever served, Pioneer Potlatch meals contain at least one-third of the recommended daily allowances. One meal per day—it may be lunch or dinner—is delivered to recipients, who are organized onto routes by a program dining coordinator at each local center.

Those recipients who take meals only once or twice a week, though, also receive extra supplies, according to Kempton, such as fresh produce donated by local growers, or loaves of bread. Each center also develops its own budget and is responsible for altering a standard one-week cycle menu to accommodate whatever fresh-grown or processed food items may have been recently donated.

"Staffs at all our centers also develop their own annual budgets," Kempton added. "These are based on donatations received over the past six months, available local resources, like donors, and projected growing conditions.

Kempton noted that Pioneer Potlatch meal recipients like baked chicken dishes best, followed by liver with bacon, and beef stew with 'homemade' biscuits. All meal components are transported either in insulated bags or foam boxes, and are packed in foam trays and other types of containers, since foil trays have become too costly for the program to afford. Most recipients are referred to the program by their doctors, ministers or friends and all, according to Kempton, are deeply grateful for what they receive.

"Some even make handicrafts for us that we can raffle off to raise income for the program," Kempton pointed out.

Having served 1,895 different individuals in 1989, Kempton said that these seniors' greatest fear was "being deprived of a chance to determine their own fate. They need to stay independent, but they also need to know that someone cares for them and will check on them daily. Did you realize," Kempton queried spryly, "that if just 10% of our recipients stay out of institutions, the savings to the State of Oregon will be $100,000?"

Mildred Kempton's concern for her peers and community is not unique. In Lauderdale Lakes, Florida, in 1984, two brothers, Michael and Jeffrey Wachs, founded the Human Services Network (HSN) a home-delivered meals option for the growing number of frail elderly who had moved to this area of the Sunshine State.

Funded by monies released under federal Title III (the Older Americans Act), the Florida state Area Agency on Aging and USDA, which reimburses the program 56.75 cents in cash (not commodities) for each meal served, NAMP-member Human Services Network today is managed by Assistant Director Peggy Miller, Executivee Director John Pudwell and Nutritionist Dr. Sandra Frank. HSN serves meals to seniors at 38 local "nutrition sites," as well as in their homes; a total of 4,000 individuals receive HSN meals five days a week.

This Broward County-based program is distinguished by the fact that all its meals are prepared in the commissaries of three local contract companies: Michael Jeffries Inc. (home-delivered meals only); Mid-America Food Service of Florida Inc. (congregate meals only), and Jewish Vocational Services Inc. (Kosher meals for home and congregate-site consumption).

According to HSN's Miller, home-delivered meals are distributed along a total of 42 routes by the contractors' employees and by unpaid volunteers recruited by HSN; volunteers pick up meals at 22 drop-off points, like local churches, and deliver them along routes devised by HSN. "Of our home-meal recipients, 50 who either can't cook or have no power receive a weekday hot meal," Miller explained. "Another 1,440 get a weekly delivery of five frozen meals, which they can reheat on a daily basis."

Pudwell added that HSN meals are produced on a four-week cycle that is repeated every three months; diet variations include no added salt, low fat, low cholesterol, diabetic, bland and mechanical soft. "We designed the menus to accommodate many diets," Pudwell noted. "Among recipients' favorite foods are chicken, as long as it's not barbecued, veal parmagiana and sliced ham." Frozen meals, which are delivered along 22 volunteer-driven and 15 contract-company-served routes, are pre-

continued on page 144

Homecare

continued from page 142

sented in aluminum trays after having been transported in insulated bags; hot meals, also delivered by contract company drivers along five routes, are packed in insulated cases with two, self-contained heat sources.

HSN home-meal clients are all over 60 and homebound. In order to join the program, would-be meal recipients contact HSN's office and a visit from an outreach worker is scheduled. According to program managers, outreach workers assess applying seniors' degree of neediness, and discuss how they have been receiving meals in the past, as well as whom they count on as a "support network." If a senior seems to need a modified diet, an HSN nutritionist will contact the applicant's physician to determine an appropriate nutrition strategy. Though recipients are asked to pay $1 for each meal, average reimbursement (from clients) in 1989 was only nine cents. A mail campaign soliciting recipients' donations is expected to boost this figure to 27 cents per meal in 1990, according to HSN managers.

Beyond a current funding pinch that *may* cause HSN to drop some 300 clients from its rolls this year, at a time when home-meal demand is up 20% since mid-'89, the program has had to struggle with a difficult USDA relationship.

Beyond a current funding pinch that may cause HSN to drop 300 clients from its rolls this year, the program has had to struggle with a difficult USDA relationship.

"We applied for commodities last year," Pudwell reported, "but we received no products for six months." After flying to Washington, D.C., to discuss the situation with USDA, Pudwell returned to Lauderdale Lakes to find "huge deliveries of commodities we didn't want. Storing these items cost us $7,000," he said. Given this experience, it's easy to understand why HSN has opted for USDA "cash in lieu" during 1990.

"Our clients' strongest concern is losing their independence," Miller said. "As more elderly continue to come to our area, either without or having outlived their support networks, they'll be turning to programs like HSN to preserve what they cherish most." ∅

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Congress of the United States
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April 18, 1990 LA-5

The Honorable Thomas J. Downey
Chairman
Subcommittee on Human Services
U.S. House of Representatives
Washington, D.C. 20515

Dear Tom:

On behalf of the Director of Guam Department of Public Health and Social Services, Dr. Leticia V. Espaldon, I submit the enclosed testimony for the record of the hearing on the Older American's Act held on March 27, 1990, before the Subcommittee on Human Services. Please include Dr. Espaldon's comments in the official record of the Congressional hearing.

As always, I appreciate your assistance on this and other matters.

Sincerely,

Ben Blaz

BEN BLAZ
Member of Congress

Enclosure

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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GOVERNMENT OF GUAM
P. O. BOX 2816
AGANA, GUAM 96910

MAR 27 1990

The Honorable Thomas J. Downey
Chairman, Subcommittee on Human Services
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Downey:

On behalf of the Manamko of Guam, we sincerely appreciate the opportunity to submit comments regarding the Older American's Act.

The sole recommendation we have, at this time, to improving the Act is in the area of transferability of funds. Under the provisions of the Act we can currently transfer up to 30% of our Federal funding between Title III C-1/III C-2, Congregate and Home Delivered Nutrition Services, and Title III-B, Supportive Services and Senior Centers.

We would like to see this transferability of funds extended to include Title III-D, In-Home Services for Frail Older Individuals. If this were allowed, we would be able to use these funds for additional respite care services and necessary minor modifications of homes to facilitate the ability of older individuals to remain at home.

If transferability to Title III-D is not possible, then a viable alternative would be to include respite services within the homemaker program.

In-Home Services was a new program for Guam. We soon found that the Manamko and their caregivers took full advantage of this excellent program. Here on Guam, our Manamko prefer the peaceful serenity of being cared for in their respective homes and villages. This type of atmosphere is conducive to our young paying respectful visits, and in turn learning the culture from those who have experienced it in the true Chamorro fashion of old.

Again, on behalf of our Manamko, we thank you for your sincere interest, your past advocacy efforts, and any assistance you might be able to provide us.

Sincerely,

Espaldon

LETICIA V. ESPALDON, M.D.
Director